Kansas Medical Journal.

PUBLISHED MONTHLY

VOL. II. TOPEKA, KANSAS, APRIL, 1890. NO. 4.

Removal of Large Sarcoma.

REMOVAL OF LARGE SARCOMA OF PAROTID GLAND—LIGATURE OF EXTERNAL CAROTID ARTERY—LATERAL LIGATURE OF INTERNAL JUGULAR VEIN.

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Mrs. C———, aged 56, native of England, residence London, Ont., (Canada,) for last twenty years; family history negative.

Twenty-five years ago patient first noticed a small tumor in right parotid region, which attained the size of an almond before removal three years later. Five years after this the growth re-appeared, increasing slowly for fifteen years, until it was about the size of an ordinary lemon, projecting from the face about two inches.

In 1888 the neoplasm rapidly increased, and on coming to the Polyclinic hospital February 14, 1890, it was found to measure five inches perpendicularly and four and one-half inches transversely. It was firmly attached, reddish in color, tense to the touch, and seemed to be developed in the substance of the parotid.

Diagnosis of sarcoma of parotid was made, and an operation advised. February 18, it was removed by free dissection; all the integument lying over it removed also. Wound left after operation somewhat elliptical in form; measuring six by five inches. In course of dissection external carotid artery was exposed, and as it passed through the tumor it was tied with catgut. The neoplasm dipped down beneath the ramus of the lower jaw, and in detaching it a sharp venous hemorrhage took place, probably due to wounding of the internal jugular. Forceps applied and a lateral catgut ligature closed the puncture. By immediate use of forceps but little blood was lost. Wound proper was closed by plastic operation, gliding skin from cheek backwards and from the back of the neck forwards. Silk sutures were used, and patient made a rapid and successful recovery. The highest temperature was 100° F. She left my care March 6 for Canada. The facial nerve was necessarily divided as it passed through the tumor.

The patient was informed before the operation that paralysis of one side of her face would certainly follow.

In another instance I removed a double sarcoma of both parotid glands, tying both external carotid arteries. Two years later a fair degree of motion had returned in the muscles of one side of the face. In two other cases I have applied a lateral ligature to the deep jugular vein successfully.

The ligature of the external carotid artery has now become a common and accepted operation, it has been done several hundred times with secondary hemorrhage in very exceptional instances. In my operations, now reaching nearly twenty, no hemorrhage has occurred. Sarcomata of parotid glands are always prone to recur. The time varies from a few months to two or three years. The relief from pain due to pressure and the prolongation of life, even for a short period, fully justify the small risk of the operation.

THE *Nightingale*, a paper on nursing and for nurses, published weekly by Dr. Sarah E. Post, of New York, is a bright attractive little sheet with articles adapted to physicians, nurses and mothers. It is newsy, taking up the scientific topics of the day in a clear, concise manner that any one can understand. To those serving as nurses temporarily, or as a profession, no better reading can be recommended to fill in a leisure moment.

Tact in the Physician.

Read before the Alumni and Graduating Class of the Kansas City Medical College, March 10, 1890.

BY J. E. MINNEY, M. D., OF TOPEKA, KAN.

Somebody has said that the practice of medicine is the field, and tact is the dressing.

The world measures a man by his success.

The laity care not for the logic, but for the results.

Progress, not happiness, is the law of the world; and to improve himself and others by constant struggles upwards is the true destiny of man.

Tact is defined as peculiar skill or faculty, nice perception, ready power of appreciating what is required by circumstances. These qualifications are essential to success in the practice of medicine.

Considering the labor to be performed, the sacrifice to be made, and the danger to be encountered in the practice of medicine, it seems that the burden is already too great without any additional qualification required of the physician.

But education creates nothing; it develops what is. Education is not what is wanted; it is the results. Like a city supplied with water through pipes or mains; it is not the mains the city wants, but the water. The water is of no benefit to the city unless it is used. Education is a means to an end. Knowledge is of no practical benefit to the individual or to the world unless it is utilized—applied. Every *physician* possesses the requisite knowledge of medicine to practice it successfully. This knowledge he has obtained from books, lectures, dissections, laboratory work and clinical study.

It is attested by a number of good men whose signatures are on the face of the diploma. The preliminary work has been well done. The foundation is symmetrical in proportion, perfect in construction, and unexcelled in quality of material. At every ending there is a beginning. Thus far an experienced master has been at the helm. He can no longer guide. His maps and charts are turned over to the beginner of the medical voyage. The beginner's path is not delineated on the map. It is a personal equation. Each individual must trace the unknown to him until it becomes a part of his being. It cannot be demonstrated like the muscles, vessels and nerves on the cadaver; yet there are landmarks which can be pointed out signaling the direction of the desired haven.

The beginner seeks a field for practice; not to fill an aching void, but to create a demand. As a rule, it is a mistaken notion at the present day to hunt for a place where we are needed. Select the location that suits, having considered our ability and qualifications mentally, socially and professionally, and then create a demand for the service because of its value. For "nothing," says Mirabeau, "is impossible to the man who can will. Is that necessary? That shall be. This is the only law of success." "Then let thine eyes look right on, and let thine eyelids look straight before thee."

A certain morbid introspection seems to hold some men back. A man begins to analyze his motives, or possibly all of his surroundings are not up to his ideal, and he begins to analyze these; now this analysis is like a wet blanket thrown upon the ardor of his resolves. Then self-consciousness comes in and floors him. It is probable that even the finest spirits have been conscious at times of a certain indefinable hesitation before making the important venture which is to win them success. The difference between them and those who fail is, that the one promptly and resolutely conquers the dread, while the other allows himself to be conquered by it.

The foundation upon which the whole superstructure can rest without fear or doubt, is conscientious honesty. This is the peculiar skill which has tided many an otherwise stranded bark to the haven of success. A man who is not honest with himself cannot be with others. The confidence imposed by the patient in the physician, many times, is greater than in any other person. Secret vices destroying the life of the patient, and known only to self, a knowledge of which when confided to the physician, by his council and advice are overcome, and a life is saved.

Such implicit confidence and trust are essential to success, and are not gained and retained by the dissembler and charlatan. This implies truthfulness. A physician may honestly withhold many truths from his patient to the interest of all concerned. But when asked, he should tell the truth. Should he be compelled to say "I do not know," it may require longer time for him to build up a practice, but it is of more value when obtained. In a recent article in a medical journal a physician said: "Lying is justifiable at times. I have seen good accomplished by it, and retained patients who otherwise would have gone to other physicians." But I am persuaded that for every good accomplished, and patient retained by lying, fourfold more harm has been done, and patients lost. If the habit of lying is continued it can but result in failure. One lie requires two or three more to cover it up. One patient finds out that the physician is a deceiver, and soon a dozen know it. Confidence is lost, and all is lost. Suppose it was not found out (if that were possible), the consciousness of being a common liar stultifies one's self and destroys manhood. Of the two evils, telling the truth and losing the case, or lying and retaining it, the former bears no comparison to the evil resulting from the latter.

It requires a peculiar faculty to loaf and succeed in the practice of medicine. Loafing can be learned, but financially the attainment is a failure. There are strong inducements for the new doctor, and especially for the recent graduate, to lapse into indolence. He has nothing to do for the first few weeks or months, and the excitement in the change of location, or the tension just preceding graduation is great, and there is always a reaction. He becomes once more free from restraint, and it requires an effort to labor without a stimulus. But as reputation and success are valued, diligence should be cultivated. The physician should have an office or desk room, and during leisure from practice he should study and put his thoughts on paper, let them get cold, read them over, and if they will bear a second reading to himself send them to some medical journal for publication. Circumstances at present require it.

A general knowledge of medicine is essential, but with it some special disease should be mastered. The new doctor will be given a chance at all the old chronic cases in the community, especially if he should cure the first one. This will be the entering wedge to practice. It is the opportunity, and must be improved.

One of my preceptors said his first patient had a chronic ulcer which the resident physicians had failed to cure, probably because of negligence. He succeeded in getting the ulcer to heal. Success in that case was the means of getting paying patients. He was advertised in the community, for everybody knew the old man with the sore leg. The resident doctor may be a superior practitioner to the new one, but he has grown a little careless.

Just here two precepts had better be written on the memory never to be effaced, and if scrupulously carried out lead to success, viz.:

1. Be careful and painstaking in each and every examination of a patient.

2. Give each patient at the time undivided attention.

To these might be added punctuality. To find a man of real undeviating punctuality, is said to be a luxury; and the individual who is habitually tardy in meeting an appointment will never be respected or successful in life.

Another faculty required by circumstances in the physician, is decision of character. A man who never seems to know his own mind is a pitiable object (and especially a physician). Webster said of such a man, "he neither advances or recedes, he simply hovers."

The Americans, of all people, desire to tell what they know, and sometimes a little more. It is indigenous to our freedom, possibly, and sometimes doctors fall into provincialisms. This should be avoided. A physician should not give advice unless asked to do so. To this rule there are few exceptions. The physician has not obtained his information gratuitously, and he is not honest with himself if he gives it without price, and especially unsought. It is the stepping stone to free service and poor collections. By giving advice so freely it is a barrier to his asking in turn.

The patient walks off, and as he opens the

door calls back to the doctor, as a compensation or solace, "I'll come back if this don't cure me." The doctor is left. He failed even to get the name in full, if at all, and he is seen on the street or in the drug store making inquiry, or describing the man, in order to learn who to charge. The name of the patient and his address should be learned, and in office practice, when the examination is made, and the prescription or medicine is given, the price should be mentioned, unless there is an understanding or we do the parties practice. If no money, the charge should be written in his presence, the same as business men make a record of account paid or charged.

By conducting financial matters in a business way, the collections will be greater; more patients will be retained; there will be increased respect or deference given, and medical men will receive their financial reward.

You ask at the railroad ticket office in Kansas City for a ticket to Topeka. "Two dollars," is the reply before the ticket is stamped. That is business. Is your time not worth as much as a ticket agent's? Is there any assignable reason, where there is not a mutual understanding when the service is rendered, why the physician in a kind, gentlemanly tone, should not say that is one, two, or three dollars, as the case may be? Justice demands it, and we are lax in duty when we fail to demand our honest dues.

If we are called to the country it is not necessary to carry a drug store along. The number of medicines are comparatively few that will be needed in the pocket case. Enough medicine should be left to last for twenty-four or forty-eight hours, with instructions to report the next or second day. If a second visit is not necessary, and more medicine is required, a prescription should be given. By this means the show of patronage is greater, and honorable advertising is done by patrons. The drug bill is not so great, and the assets are correspondingly increased.

As a rule, avoid receiving gifts from patients. It is liable to cost dearly by alienating friendship, and begetting familiarity, which lessens respect. The physician should be his own and not anothers.

Care of the person is demanded of the physician. It is said of Socrates that his physiognomy was ugly and his person repulsive; he was awkward, obese and ungainly; his nose was flat, his lips were thick and his neck large; he rolled his eyes, went barefoot, and wore a dirty old cloak. He spent his time in the market place talking with everybody, old or young, rich or poor. Yet he was equally at home with poets, and philosophers, and statesmen. Unfortunately or fortunately, we cannot each be a Socrates. Physically we may be like him, but the day has passed by, and it is hoped never to return, when an unkempt toilet, soiled clothing, ebony tipped finger nails, and various other additions of neglect, shall be the passport of the physician into the sick room.

An aseptic physician is one of the requirements of the age.

A nice discriminating sense is developed by the study of the negative, as well as of the affirmative. What not to do taxes the skill of a physician as often as what to do. There is a time in sickness to give medicine and a time to refrain from giving. (A placebo may be given) when a psycological therapeutic agent is indicated and required.

With whom shall I consult? Strange as it may seem, in former days this was a vexed question. The solution of it engendered strife. It has given to the medical profession a bad name by the laity. It has cast reproach on good men. It has fostered isms, athies and pathies. It was like the chameleon, many sided. The color was determined in a great measure by the pocket into which the filthy lucre was deposited. It is mentioned, and a short resume given of its work, so that should it be met with in the by-ways or crowded cities along the journey of medical life, it may be recognized as a historic curiosity. In this liberty-loving age each physician determines for himself with whom he shall consult. (By physician is meant one who is qualified to practice medicine). If the physician is a gentleman and non-exclusive, he is a proper consultant. Professions, creeds and codes do not make saints, christians or gentlemen. It is what a man lives. Works are preferred to faith. The intolerant man, as a rule, is the self-righteous one. He fasts every week, and

gives alms of all he possesses—to be seen of men—but he gets his dollar. The physician is charitable, and at the same time just. If he cannot agree with a brother, the fraternal relation ceases. The question in former times was, how shall we let him alone? By passing edicts, like the Pope's Bull against the comet—that was the plan pursued, with the same effect—now we meet as brethren. It we agree to disagree the patient chooses. If a physician professes one thing and acts another, he suffers the consequence. The place to meet a brother in professional rivalry is in the arena—at the bed side. If we cannot measure swords with him we should yield.

Under such circumstances it requires nice perception and some force of character to keep intact the golden rule. In consultation, and in conversation about the brethren professionally, the words of Holy Writ are peculiarly pertinent, viz., "All men are liars." The fault is as universal as sin. Since all are guilty and the evil will continue, safeguards should be thrown around its use like many other evils that are tolerated, for some of these wrongs are more heinous in their nature than others. If we do not like a brother, there is no statutary law compelling us to. Our dislikes and prejudices may be reciprocated; but we should treat each other honestly. If asked concerning the ability of a competing brother, or in conversation about him, avoid giving an opinion if possible, unless favorable to him. If something mean must be said, it should come squarely from the shoulder out. Insinuations and derogatory interrogatories are cowardly. It is seldom necessary to speak of the ability of one's self, but when occasion requires it should be done frankly and without affectation.

This self-assertion may smirk of egotism, but it must be acknowledged that the physician is honest, truthful, and has self-confidence—three factors entering largely into success.

Many times the physician feels humiliated, when his best efforts have failed. If he is diligent he will have a clear conscience, and self-reproach should not be harbored in the mind.

There is no other place affording such an opportunity for the display of honesty or dishonesty, truth or falsehood, fidelity or treachery, as in consultation in the sick room. The eyes of the patient or friends, or both, are riveted upon the consultant; his every word, action, expression of countenance, tone and inflection of voice noted, and a meaning given to each according to the fancy of the patient or friends, and largely by the intent of the physician. How easy to confirm the diagnosis and commend the treatment in words; but by the intonation of voice, a shrug of the shoulder or a wink of the eye, condemn the attending physician and his treatment. And I know of no resentment more lasting and imperishable in the heart of man, and a treachery more deserving the condemnation of all intelligences, than that engendered by such base hypocrisy as could be perpetrated under such circumstances.

The consultant should, as a rule, make a careful examination of the case with unnecessary display, taking as little for granted as possible, under the circumstances, and arrive at a diagnosis from what he finds, and from the history of the case given by the patient or friends, in the presence of the attending physician.

A consultation had with a view of confirming the diagnosis of the attendant, in accordance with the history of the case as given by him, is a farce.

If the case is a serious one, and obscure, it is the better plan to arrive at a diagnosis independent of the attending physician, except to ask him such questions concerning facts clearly coming under his observation.

It is the safer plan after the examination, to hold a private conference before statements are made to the patient or friends. Misunderstandings will be less frequent.

If there is an agreement, it is the duty of the consultant to tell the patient of it in words susceptible of but one meaning, and in a healthy tone of voice.

If a disagreement, the attending physician had better break the news to him in the presence of the consultant, and then let him choose who will serve him. In either case the lips of both physicians should be sealed to the public or the brethren, as to suggestions made

in the consultation as to the treatment of the case.

It is pleasant to meet a sociable physician. Sociability and talkativeness are not synonymous. A physician may be sociable, of few words, and yet say a great deal. His look is friendly and expectant, and a glance at him encourages conversation. He keeps his own council, and is respected for it. It is a charming virtue. We should differentiate, and can, between this form of silence and innate dumbness, with just sense enough to look wise and deceive a credulous public.

The great talker may be very nice, attractive and interesting, like the meteor that flashes through the sky lighting up the whole heavens momentarily with its brilliancy, and rivaling the sun in its noonday splendor. But it is a flash, and all is over; while the silent man may be likened to the sun in its orbit, which furnishes the light and life to the whole planetary system. Such was the victorious leader in the great American conflict; and equal honors may be shared by those who are engaged in the universal conflict with the last enemy—death.

Pruritus.

BY W. L. SCHENCK, M. D.

Read before the East Kansas District Medical Society at Osage City, January 14, 1890.

We invite brief attention to a disease chiefly manifest by its subjective symptoms, which, however, are not unfrequently sufficiently marked to make life a burden.

Pruritus is usually considered a purely functional disease, is without structural change, and is characterized by the single symptom from which it derives its name, but this symptom taxes at times, to the last extremity, the patience, endurance and sanity of the patient, and while scratching yields little of the joy a Scottish king is said to have envied in his subjects who suffered from the "Scotch fiddle," the patient is irresistably impelled to scratch.

In some cases the sensation is that of small insects crawling over the body, so marked that it is difficult to persuade the patient they are not present. One patient, I remember, who, while she conceded they were not visible, believed they were present, but microscopic, while another imagined she could see them; and I knew another in whom the sensation was confined to the back, who believed we saw them, but would not acknowledge their presence.

In other cases there is a tingling sensation, such as flannel underwear produces in persons with sensitive skins; in others a pure, unmixed pruritus—from *prurio*, I itch. It may be intermittent or constant, only annoying, or so intense and grave as to be a source of intolerable distress, absorbing all sensations and desires, save one interminable itch and incontrollable desire to scratch. In yet other cases all these symptoms combine or alternate. Through continued irritation and loss of sleep there result various conditions of nervous exhaustion.

Pruritus may occur at any age, but is most common in mid-life and old age. When local, its most common seat is at the openings of the mucous coated cavities, especially the vaginal and anal. In the pruritis senilis of elderly persons the trunk and limbs are most frequently involved. When the pruritus is general, the itching rarely invades large areas simultaneously, but one part is scarcely scratched before another imperiously demands attention.

The disease is a consequent of various causes, as gastro-intestinal derangement, disease of the genito-urinary tract, disease of the kidneys and liver, especially such as result in failure to eliminate morbid products, gestation, etc. From whatever cause it arises, it has been considered purely functional, and due to reflex irritation, and its gravity is ordinarily in the gravity of its cause.

While the disease is not manifested by any eruption, secondary lesions, due to scratching are not uncommon, and may simulate prurigo or eczema. It may be mistaken for pediculosis, but its location, and a careful examination relieves the diagnosis of this error. The only difficulty in diagnosis, and it is sometimes almost insuperable, is to know the cause from which it originates. It may not be difficult to say pregnancy, jaundice or other

cause, but why do these produce this peculiar and annoying symptom, this particular neurosis? Take this case, which I have seen many times in consultation with Dr. Haller:

Mrs. ——, aged 32 years, fair complexion, married 7 years, always in good health until four and a half years ago, when she complained of indigestion manifested by irregular appetite, eructations, pain and tenderness in the epigastrium and right hypochondrium, the pain never sufficiently acute to indicate hepatic colic, or obstruction of the gall ducts by concretions, the liver becoming gradually and irregularly enlarged and the product of the hepatic cells being gradually reabsorbed into the circulation, so that at the end of six months there was marked icterus, the skin having the ordinary icterine hue. About this time pruritus made its appearance and became a very troublesome symptom. The patient was greatly emaciated and life became a burden. She was seen by quite a number of physicians, some of whom diagnosed with great positiveness, cancer of the liver, though neither Dr. H. or myself made quite so unfavorable a diagnosis. During the three years that she was an invalid she received a great variety of treatment, apparently deriving the greatest benefit from hot baths and massage, especially of the hepatic region, with full doses of phosphate of soda internally, though the massage and baths were not instituted until there had been considerable advancement in the case. The pruritus was most marked when there was the greatest amount of bile in the circulation, and the least carried to the alimentary canal, which for some months gave no evidence of its presence, and gradually subsided as the functions of the liver were restored. During the day it was frequently absent and sometimes not present at night, though paroxysms often occurred in day-time and usually at night. This symptom was present, with varying intensity, for about twelve months, the invalidism of the patient lasting for nearly three years, and though the patient has since enjoyed fair health, a corset, or any pressure over the liver always produces discomfort and a sense of fullness in the hypochondrium.

Soon after her return to health she conceived, but at the end of the third month, without known cause, aborted. Shortly after, conception again occurred, and was again followed by abortion at about the same period.

About the middle of last June she again missed her monthly climacterix, and about the middle of October, or when four months advanced, her pruritus returned with all the variations, and with all the intensity known to the disease, tingling, prickling, crawling, itching, now here, now there, now everywhere, a scratch at one point being promptly followed by a demand for a like compliment at another, the scratching being repeated until the arms, body and legs everywhere show the force of female nails.

It is needless to say the changes were rung on treatment, general and local. Building up the nervous system with iron, the phosphates, arsenic and oil, in conjunction with nervines, chologogues and sudorifics,and using topically various applications, the pruritus subsided under the use of the warm bath followed by inunctions of cosmoline and ol. piperment, but not until insanity became a serious complication, partly puerperal and partly consequent upon the exhausted excitability incident to the constant and annoying pruritus, from which it was often impossible to secure sleep except through free doses of chloroform, chloral or whisky.

After advising with Drs. Gardner, Haller and Beasly, on the 5th inst. it was decided to induce premature labor by introducing a rubber coil, since when I have not seen the patient, but understand the insanity is not relieved.

Though not connected with the disease we are discussing, a peculiar and permanent condition followed the jaundice—patches of pigmentation, or bile-stained deposit beneath the skin at the inner canthus of the eyes.

In such cases it is easy to understand that when the circulation is loaded with effete products, whether from a diseased liver or pregnancy, the skin taxed with extra depurating duty, and the cutaneous nerves irritated by deleterious products, the pruritus may be more than a sympathetic disease.

So when the blood is loaded with the waste the kidneys fail to eliminate, or when sugar

is manufactured by abnormal hepatic action, we not unfrequently find pruritus an obstinate and severe symptom, not purely a reflex, but like other diseases of the skin common in such conditions, due to local irritation consequent upon the effort of the sudorific or sebaceous glands to eliminate morbid products.

In looking up the literature of pruritus we find it exceedingly scarce and generally unsatisfactory, many authors not distinguishing pruritus from prurigo, a disease manifest not only by formication, crawling, prickling, stinging and itching, but characterized by an eruption in which the pàpulæ are easily discovered by passing the finger over the surface, and in which rubbing often produces wheals as in ursticaria, the eruption usually occurring on the neck, shoulders, back and outer surface of the limbs, and in which local treatment is often more important than constitutional. In pruritus the itching is often confined to the outlet of open cavities, as in the old worm signs at the nostrils and about the anus, at the labia pudendi, due to disorder of the uterus or vagina, at the meatus urinarius, consequent upon irritation of the bladder or urethra, and wherever occurring, is caused chiefly from reflex action and not irritation. When the disease covers large portions of the surface of the body, it may be wholly sympathetic, or in part dependent upon local irritation caused by waste products that have failed of elimination by normal methods; and sometimes perhaps, one of the peculiar ways in which the rheumatic, gouty, or syphilitic diathesis manifests itself.

Produced by whatever cause, its diagnosis is all important, and treatment, to be successful, must be directed to the real source of the evil, and must cover a much wider scope than can be reached in a paper upon pruritus.

Seek the cause, and if possible remove it by such measures as are indicated. While there can be no effect without a cause, in some cases of pruritus, it is difficult to discover any sufficient reason for its presence. When there is derangement of the menstrual function, and an anæmic condition, the preparations of iron are beneficial, and this applies to all cases associated with general debility, but all chalybeates should be given in conjunction with sedatives.

Neligan recommends the following formula:

R.	Mistura ferri composita,	fl. ʒiij.
	Infusi hamuli,	fl. ʒiijss.
	Succi conii,	fl. ʒss.

M. Sig. A tablespoonful every sixth hour.

With a Dover powder at bedtime, in which instead of the sulph-potass., it would be well to use the bromide.

Where there is torpidity of the liver, and lack of tone in the digestive organs, he recommends the following:

℞	Ext. nucis vomicæ,	grs. iij.
	Fellis bovini inspis,	grs. vj.
	Ext. taraxaci,	grs. xxiv.
	Pulvris myrrhæ,	grs. xviij.

Misce et divide in pilulas viginti quatuor.

S. One to be taken three times daily.

When there is great nervous exhaustion, arsenic, cod-liver oil and the phosphates, conjoined with a nervous sedative may be tried.

When there is habitual constipation a saline, followed by a combination of quinine, strychnia and belladonna, or by syr. of cascara sagrada will be beneficial

When diarrhœa, ascertain and remove its cause, and give small doses of calomel and bismuth, and give as a corrector and absorbent, as carbo ligni half an hour after meals. Regulate the diet in all cases. Avoid stimulants and irritants, and commend nutritious and easily assimilated foods.

When the liver or kidneys are at fault remember that, aside from reflex action, a circulation loaded with bile, urea and uric acid, may cause pruritis. Ascertain the cause and character of menstrual disarrangements, and prescribe accordingly.

When pregnancy is a cause, discover, if possible, why it produces so uncomfortable a symptom. It will probably be found consequent upon undue pressure upon the liver or kidneys.

In local treatment the whole pharmacopœia has been exhausted, often in vain, because the cause is remote.

In pruritus ani see that ascarides are removed, and that the rectum is healthy. Washing the rectum with hot water, plain or medicated, often gives relief.

Applications of carbolic acid, grs. xv., gly-

cerine and olive oil, aa ʒss. M. Or iodoform, balsam peru., aa ʒi. cosmoline, ʒvj. M. are good. Sedative lotions of acetate of lead or hydrocyanic acid are useful. A six per cent. solution of oleate of cocaine, the anæsthetic action of chloral, or camphor and chloral, often give relief.

Dr. R. W. Taylor extolls the following narcotic lotion:

R.	Fol. belladon., fol. hyoscyami,	aa. ʒij.
	Fol. aconit.,	ʒss.
	Acidi acetici.,	fl ʒi.

M. Macerate, filter and add an equal part of glycerine.

In pruritus vulva, wash out the vagina with very warm water, either pure or medicated with some alkali, as carb. potass. ℈j., water ʒviij., with carbolic acid ʒjss. to a pint of water, or a one to 3000 solution of bi-chloride, or hypo-sulph. soda ʒ j. to ℥ j. of water, or with boracic acid, ʒj. to ℥ j. Afterward anoint with oleate of cocaine, rub the itching surface with chrystalized menthol, dust with sub-nitrate of bismuth, use free inunction of linseed oil, applied between the vulva on absorbent cotton or R., sodæ boratis ʒss., morph. sulph. grs. xv., glycerini ʒj., aquæ rosæ vel aquæ menth. qs. ad ʒviij., and apply in the same way.

Dr. Armand Routh says: "Whether the pruritus is due to pediculi, ascarades, or irritable urethral caruncle, an endocervical polypus, early cancer of the cervix, distension of Bartholinis' ducts or glands, the leucorrhœa of vaginitis, endo-cervitis or metritis, the irritating discharges of advanced carcinoma uteri, or to a gouty or diabetic diathesis, peppermint water excels all other agents, cocaine inclusive, in affording relief, while remedies are being used to remove the cause. If no cracks or sores are present, bathing the parts with a solution of five drops of oil of menth., one drachm of borax, and one pint of hot water, will relieve the itching. If there is eczema or rawness from scratching, iodoform, grs. v., ol. olivæ ʒj. aa is more useful."

Dr. Shoemaker recommends the following:

R.	Ung. hydrarg. nitratis,	ʒiijss.
	Hydrarg. oxidi rubri,	grs.xx.
	Adipis,	ʒiv. M. Ft. Ung.
R.	Acidi Carbolici,	ʒss.
	Chloral hydrat.,	ʒj.
	Glycerini,	ʒj.
	Aquæ camphoræ,	ʒijss.

M. Ft. loti. sig. Apply externally.

Dr. Tomb Athill applies between the vulvæ cotton saturated with the following:

R.	Acidi carbolici,	grsxx.
	Tr. opii,	ʒss.
	Acidi hydrocyanici dil.,	ʒij.
	Glycerini,	ʒss.
	Aquæ qs. ad.	ʒiij.

Dr. Sutton, in *Med. and Surg. Reporter*, recommends in pruritis ani the galvanic current.

A good formula, applied frequently with a brush, is, R. Bismuth subnit., acaciæ pulv. aa ʒij., aquæ puræ qs. to make of creamy consistence.

This trouble is often so annoying that it is well to have a full armamentarium at command.

R.	Hydrarg. bi-chlorid.	grs.ij.
	Acidi carbolici,	grs.x.
	Aquæ camphoræ,	℥j.
	Alcohol,	℥j

M. S. Apply as a lotion.

R.	Acidi carbolici,	grsxx.
	Tr. opii.	ʒss.
	Acidi hydrocyanici dil.,	ʒij.
	Glycerini,	ʒss.
	Aquæ dist. ad. qs.	ʒjv.

M. S. Saturate a piece of absorbent cotton, and apply between the vulvæ. When the pruritus is general, relief may be found from the use of hot baths, plain or medicated with alkalies, carbolic acid, hypo-sulph. soda, si, from inunctions of coco butter, linseed oil, or a bacon rind, and from peppermint washes and mucillaginous washes and cataplasms. But in all local treatment we must always bear in mind that we are only treating a symptom.

A DETECTIVE of large experience says that men who have committed crime, are usually discovered by their association with women who are known as toughs.

AN Irish doctor lately sent in his bill to a lady as follows: "To curing your husband till he died."

Placenta Praevia.

BY D. R. PELTON, M. D., TOPEKA, KS.

I know of no case that taxes one's self-possession and judgment in obstetrics, more than placenta prævia.

To wait or not to wait is the question.

These cases are, fortunately, quite infrequent when we sift out those of premature separation of placenta which causes hemorrhage called by Dr. Parvin accidental.

Leaving each one to study the physiology and pathology of his own cases, or rather allowing that all do understand them, I will pass in brief to two cases of placenta prævia which occurred recently in my obstetrical practice, differing in their nature and treatment.

Mrs. O., aged about 35 years, spare and anæmic, had slight show of blood at different times two weeks prior to confinement. On the occurrence of the pains slight hemorrhage took place, at which time I was immediately called. On examination I found the placenta attached over the entire opening but only reaching a few lines to the left of the dilating os. After the action of each pain the hemorrhage increased rapidly. I separated the edge of the placenta nearest the os, thereby relieving the traction upon the other portion which would otherwise have been torn loose by the oncoming child. The entire attachment seemed below Baudle's Ring. Determining upon the expectant plan of treatment, I then introduced a tampon of cotton carrying it high up against the cervix and supporting it below with other of same material to control by pressure the increasing hemorrhage. This had the desired effect, in increasing the pains as well as restraining the flow. I was soon able to rupture the membrane on the free side of the placenta, allowing the head to engage within the pelvic brim, so precluding all possibility of fatal hemorrhage with good and efficient pains.

The child was delivered naturally and in a very fair condition, which I attribute to preserving the attachments of the placenta as long as possible upon the right lower segment of the uterus. Upon delivery of the child I immediately turned out the placenta. The mother and child did well and made a good recovery.

The next case of which I will speak is that of Mrs. K., age 28 years, spare but of general good health. She had borne three children. I was summoned to her bedside a distance of six miles. Found her laboring under shock from violent hemorrhage. Four or five quilts were saturated with blood as well as the mattress, and a large pool upon the floor beneath.

Upon examination I found total placenta prævia, the placenta quite large, with the attachment of the cord directly over the os, which was dilated to about the size of a silver dollar. The history of the case reported several hemorrhages at intervals of from one to two weeks, dating back for two or three months. The pulse was hardly perceptible and the patient was unable to speak. I immediately gave stimulants and ergot. The case demanded immediate interference. I introduced my hand into the vagina and engaged the point of three fingers within the os, using them as dilators to gain an entrance into the womb. I ordered the nurse present to give the chloroform, as the patient was now rallying from the state of collapse in which I found her. The child was already dead. I passed my hand directly through the placenta, reached the feet of the child and with conjoined manipulation performed podalic version, bringing the feet through the opening of the placenta.

The pain now began to increase from the ergot and the reflex action or the partly emptied uterus. The delivery was completed as rapidly as circumstances would permit. With my left hand upon the abdomen I followed closely the descending head and grasping the uterus to prevent further hemorrhage, delivered the child and placenta. The mother rallied with the use of stimulants. Lowering the head I placed bottles of hot water to extremities. She made a slow but steady progress to recovery.

My experience in several such cases is that there is no absolute plan of treatment but circumstances must be a guide to one's action. Whether the treatment shall be operative or expectant, must rest with the judgment of the physician.

Sanitary Instruction in Schools and Colleges.

AN ADDRESS DELIVERED AT THE STATE SANITARY CONVENTION.

BY W. L. SCHENCK, M.D., OF OSAGE CITY, KAN.

(Continued from March No.)

It is not our purpose to discuss the various sources of disease to show the laws that govern the origin and being of septic poisons, the methods of their detection and prevention, the results of their infection or the means of their removal. England's great statesman and historian, who thoroughly comprehended the logic of events, in speaking of the death of Good Queen Mary truly said, "That disease, over which science has achieved a succession of glorious and beneficent victories, was then the most terrible of all ministers of death. The havoc of the plague had been far more rapid, but the plague had visited our shores only twice within living memory; and the small pox was always present filling the church yard with corpses, tormenting with constant fear all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power; turning the babe into a changling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to her lover." Yet public sentiment has not demanded of the Kansas legislator protection against this dread destroyer which during the past year, has appeared at more points in this state than any other in the union.

While it is easy to demonstrate that water supplied from streams that drain a wide extent of territory, must contain much of the animal and vegetable remains that lie upon the surface of the country drained, and may contain the specific poisons of typhoid fever and other septic diseases, and that we are surrounded by preventable sources of disease, we rather desire to press home the thought that the educated people of every community should be so educated in sanitary science that they will be able to recognize the cause of disease, and exert an influence that will secure the enactment of laws, and provision for their execution, for their prevention, removal or modification, and so secure to themselves, and extend to those over whom their opportunities have given them guardianship, life and health, happiness and prosperity.

You may tell me that we have in every community members of a profession devoted to the protection of health; that that is the business of the doctor, whose education should qualify him for its discharge. The business of the physician, as he understands it, is to relieve suffering and cure disease; yet you expect him to teach hygiene, and so does the state; and you not only expect him to abridge his income by preventing disease, but to do it free of charge, and so does the state. When the state appoints a board of health it expects physicians to gratuitously report vital statistics, and the board to protect the health of the people without law and without pay.

In this respect Kansas is not unique. Several of the states, who very properly pay their governors and legislators, their judges and juries, even those they appoint to supervise the health of cattle and swine, expect their state boards of health to supervise the health of the people without authority and without consideration. Whilst physicians do perform a large amount of this kind of labor, and perform it not only without hope of fee or reward, and as no other class of philanthropists do charitable service as a genuine altruism, destroying their means of support by gratuitous labor in the interests of humanity, the simple statement of the fact that the prevention of disease is wholly in the hands of those who live by curing disease, sufficiently emphasizes the necessity for professorships of preventive and state medicine in every normal school, college and university in America.

Until such professorships can be established and bring forth fruit, the state should not leave to school boards ignorant of sanitary science, interests as vital as the life of its children, but should provide a system of sanitary supervision, through which in every city and township, a competent sanitarian must be employed to inspect school buildings, school methods and schools, and their surroundings, and to give instruction to teachers and pupils in the principles and practice of sanitary science.

Life is not, as it seems to be considered in our American civilization, the cheapest commodity in the market. It is the *sine qui non* without which the opportunity for enjoyment, improvement and progress are not. That without which we are not.

While our people would rise as one man and avenge the death of a neighbor slain by the assassin's bullet, as I saw them do the other night here in the capitol city of the state, a bullet from a pistol is not a more certain messenger of death than the poisons by which ignorance, carelessness and cupidity contaminate our common inheritance of earth, air and water, and deteriorate and adulterate necessary food and drugs, and thus bring to our firesides suffering and death in an hundred forms, and a thousand times more frequently than the assassin's pistol. To protect ourselves and our neighbors we must comprehend the methods by which death thus invades the home as we comprehend the pistol shot. We must know the causes, their modes of action, and their means of prevention. To know these we must understand the laws of life and sanitary science. This knowledge does not come by intuition, but is acquired as other knowledge, through education. As life is the factor, without which all knowledge is useless in this world, every institution that educates should make this knowledge fundamental. And why not?

If it is the purpose of education to draw out the mind, to teach it to reason from cause to effect, and from effect to cause, and by analogy, what better field than a study of the laws of life, physical and spiritual, and of the various causes and processes that change physiological into pathological action, and the means by which they may be prevented and restored.

If it is the purpose of education to interest while it instructs, what grander field than biology?—the laws that govern our own being, following life from a simple embryonic cell, proliferating and differentiating other cells, until a million lives are bound in one, working in perfect harmony, each for all and all for each, and the investigation of the various causes and processes that disturb their harmonious action and relations.

If it is the purpose of education to store the mind with such truths as shall be of the greatest practical value to the individual and to society, what more important knowledge than that which will enable us to preserve health and prolong life; and what knowledge will better enable us to earn the blessed benediction: "Ye served your brethren; ye served the Lord?"

Hygeia was heaven born. Without her blessing spiritual life is manacled, and every joy embittered. In her right hand are length of days. How much that means we hardly know. While the editor of a medical journal said in one of his late numbers, "We cannot expect to bring out any new theory and have old men accept it;" that depends largely whether the theory is too juvinal for facts and logic. At fifty years men are just prepared to give to the world the rich fruitage of their accummulated wisdom. And as the years of man are three score and ten, the world is entitled to the harvest. But, alas! when the harvest is ripe how few are the reapers.

Death crowds our pathway from the cradle to the grave. The babe is scarce born before an ignorant attendant plies it with some indigestible mixture causing pain and intestinal debility, when the nourishment nature has provided is blamed for the indigestion and suffering, and the changes are wrung on "baby foods" until a "mysterious providence" takes it where "the wicked cease from troubling and the weary are at rest:" If it escapes the pitfalls of infancy, where a majority are buried before they pass their fifth year, when school life begins, with hardly a properly ventilated, warmed and lighted school building in the land, with no system of regulated exercise, and all sorts of unsanitary surroundings, it again runs the gauntlet of disease. If it again escapes and enters the college or university, with over exercise or under exercise, with injudicious stimulants, to study for the sake of success rather than for the sake of knowledge; starving the body with a "pot-luck" system of "batching," and too often graduating with a practical knowledge of disease, but ignorant of the causes that produced it and that abound in all our surroundings, physical, social, and even religious, and of the

means of detecting, preventing or removing them. With a degree, earned by a thorough acquaintance with the college curriculum, but with a broken life, and utterly ignorant of the precept of Solon, *gnothi seanton.* What wonder that the wise man said, and that wise men continue to repeat, "Man that is born of a woman is of few days and full of trouble. He cometh forth as a flower and is cut down. He fleeth as a shadow and continueth not."

National education is a necessary part of the American system. The glory and perpetuity of free governments is in the intelligence and morality of the people. Though the institutions of America are sometimes slandered in the name of religion, and her schools denounced as "Godless" and "immoral," the state is probably as divine in its origin as any other, whether Hebraic or Roman, and the religion of its schools as pure and uplifting.

The state recognizes accountability to God, condemns profanity, promotes temperance, denounces polygamy, abolishes slavery (upheld by some churches), and says blessed are equal rights—"For He hath made of one blood all nations of men"—free speech and a fair ballot. It feeds the hungry, clothes the naked, and cares for those who are unable to care for themselves. It reforms criminals, protects character and property, and pensions those who are weak and wounded, that it might be strong. It taxes the rich that all may be educated, and in its schools the children of every station and religion meet upon the level, and are inspired with a patriotic regard for each other and for a common country, and taught to do unto others as they would others should do unto them. They are imbued with the immutable principles of righteousness and truth, taught to subdue self-will and strengthen self-control; encouraged in punctuality, perseverance and industry, and in the exercise of justice, obedience and order, and every commendable virtue; and all are sought to be illlustrated by the living example of the teacher—all this in addition to instruction in literature, art and science. So much has been done to protect, uplift and enlarge, that many seem to think that nothing has been left undone; and yet, as we have endeavored to show the education and legal enactments that shall protect against preventable disease and death, and secure the full development and preservation of the physical life, and the grandest possibilities to its immortal tennant, have been wholly neglected.

The historian tells us "the difference in salubrity between the London of the nineteenth century and the London of the seventeenth century, is very far greater than the difference between London in an ordinary season and London in cholera." Statistics show that during this period the average length of life has been increased about fifty per cent. With proper sanitary instruction in our schools and colleges, and as a legitimate sequence, proper sanitary laws for the protection of life and health, and all they represent, may we not expect that e'er the close of the twentieth century preventive medicine and surgery will well nigh cover the field of medical science, and that if men do not live to the mythological age of Methusalah, England's great Octogenarian will have many peers.

And now do we hear you say, "physician heal thyself." See that medical colleges give full and thorough courses in scientific and practical hygiene before you insist upon other schools engaging in the work. We cry "peccavi," but still repeat that the average physician considers the cure of disease his proper field, and that school boards and legislatures pay little heed to the suggestions of scientific sanitarians. The educator must reach the people. Only their voice is heeded or heard by the legislator; and if medical colleges fail to give efficient instruction in any department of medical science, they will respond to the suggestions of legislators who appreciate the importance of medical education and public health.

STENOSIS OF THE ŒSOPHAGUS.—M. H. Secratan (Soc. Vaudais de Med., July 13, '89,) communicated to the society that in cases of stenosis of the œsophagus, if the patient drank a quantity of oil before the dilating bougies were used, the operation would be facilitated to a marked degree. The operation performed in this manner has been done with great ease in cases where the bougie, thoroughly oiled, has met with considerable resistance, and occasioned extreme pain.—*The Satellite.*

Syphilitic Epididymitis.

Read before the Missouri State Medical Association, May, 1889.

BY. G. W. DAVIS, M. D., KANSAS CITY, MO.

Peter S., æt. 26, single, laborer, born in Germany, has always been healthy. Negative history of injury and denial of previous venereal trouble. No evidence of lung disease.

In the early part of last October he noticed an ulcer on the dorsal surface of the prepuce, which was diagnosed and treated as chancre.

About one month after the first appearance of the sore, patient accidently discovered a small lump just above the left testis.

Previous to my attention being called to the case, he was seen by several physicians and the enlargement pronounced a "malignant growth;" and then again, it was supposed that it might be hernia from omental protrusion.

February 16, about four months after the first appearance of the chancre, the patient came under my observation.

On examination I noticed the cicatrix of the chancre, papulo-pustular eruption, enlarged glands at the angle of the jaw, alopecia, headache and the symptoms of secondary syphilis. On examining the testes found them normal, but discovered in the region of the globus major of the left epididymis, and in fact involving all the epididymis and extending along the cord to the pubic bone, an enlargement indurated and almost cartilaginous to the feel.

As near as could be determined, this enlargement was about three and a half inches long by one inch in width, and obviously not attached to the pubic bone, but seemingly nearly filling the opening of the external abdominal ring. The swelling was indolent and only a slight amount of pain was caused by manipulation. Rectal examination showed some tenderness.

Placed the patient on anti-syphilitic treatment, pil. hydrarg. gr. i, three times daily, and eleven days from the commencement of this treatment was gratified to find the tumor much smaller and the veins more distinct.

Regarding local treatment as unnecessary, I yet occasionally applied ungt. hydrarg. to amuse the patient and quiet his imagination.

Recently the swelling was examined and found to have disappeared almost entirely; the result of treatment thus confirming the diagnosis.

Syphilitic epididymitis was first described in 1863 by Dron, of France.

The literature of the subject is very meager and not altogether satisfactory.

The best authorities speak of the disease as of rare occurrence and unanimously state that it does not soften or show signs of degeneration.

The fact is controverted (so far as I am aware) in only one instance, and that by a case reported in the New York *Medical Record* for 1887, page 194.

The history there given is not to my mind proof conclusive that the case was one of syphilitic epididymitis, but probably gonorrhœal epididymitis occurring in a syphilitic subject, as the recorded facts show the patient with tight urethral stricture, complicated by urinary retention and two attacks of gonorrhœal epididymitis before he became syphilitic.

This is the only record I can find of a reported autopsy.

The case I have reported is one of exceptional interest.

In the examination of several hundred cases of scrotal tumors, I have never met one like it.

The special features are its affecting only one side, while both sides usually are involved; its large size; but most remarkable of all was its involving the cord.

This exception is rare indeed, and only a single reference is all I can find of such an involvment.

The Influenza.

The United States consul at Amsterdam furnishes the following translation from the *Algemeen Handelsblad*, (Amsterdam,) February 5, 1890:

As a proof that the influenza, or "griep," belongs to the "diseases which threaten the public health," and whereof, accordingly, the law should provide that physicians should

have to report every case, Dr. Dozy, the inspector of the Medical Service (Geneeskundige Dienst) of this city, makes and publishes a comparison between the cases of death during the cholera epidemic of 1866 and the influenza plague of the present. In 1866, died at Amsterdam of cholera, 1,104 persons, whereof 711 were in the eight weeks between July 14 and September 8.

The greatest number of cases occurred during the first three weeks, and amounted, respectively, to 132, 128 and 112.

During the first three weeks of January, 1890, there died at Amsterdam, respectively, 168, 280, and 80 persons in excess of the corresponding three weeks of 1889, thus showing a greater death rate than that of 1866.

It should, however, be stated that the population of Amsterdam has since increased by fully 50 per cent.

GRIPPE.

Grippe is a non-contagious epidemic disease. It is always characterized by a certain benignity, but if precautions are not taken it develops into a serious malady, affecting the nervous centers of organic life, disturbing all the functions, and causing mortality by the complications which result from neglect of good regimen.

Grippe is easily cured; in itself it is not mortal, and becomes serious only in case of complications. In the extremes of life, represented by old age and infancy, it is most liable to assume a relative gravity; but during an epidemic no individual can escape its influence.

An attack of grippe manifests itself in a general chill, pains in the back and limbs, headache, shivering fits, and fever. Bottles of hot water should be applied to the feet and remedies employed to induce perspiration—antipyrin, Dover's powder, tincture of aconite, salicylate of soda, and other analagous remedies.

Great care must be taken in convalescence to avoid exposure to changes of temperature.

Grippe is not an inflammatory but a nervous disease, and presents the symptoms of debility before, during and after the attack. In convalescence great weakness is felt, with a decline of appetite and a general depression as if the patient had passed through a crisis of infectious disease. The neglect of medical advice in this case may be of great consequence.

When the crisis has not been favorable a persistent cough exposes the patient to the risk of contracting bronchial catarrh, pleurisy, and pneumonia.

The disease reaches its crisis in perspiration, and this should be favored as much as possible by remaining indoors and maintaining the temperature of the room at 16 degrees C., F. 62°.

The crisis of grippe is easily recognized and the remedies employed during the disease should all be directed to producing perspiration, without which a cure will be extremely difficult.

The patient must keep his room and not leave his bed while the fever lasts. Nerve tonics and nutritious food must be used.

When an epidemic prevails common and ordinary diseases become complicated with it, and this double aspect claims attention.

Persons who have constitutional indispositions, such as asthma, heart lesions, and rheumatism, are advised to lead a regular methodical life to avoid an attack.

Hygienic precautions are essential. Grippe may be considered a cowardly and treacherous enemy which waits an unguarded moment to seize its victim.

The best preventions of grippe are good food, warm clothing, moderation and temperance, and avoidance of exposure to cold.

There is no reason to credit the notion that grippe is the prelude of grave epidemics. Such an assertion has no foundation.

THE MICROBE OF INFLUENZA.

The present epidemic of influenza has set all the bacteriological laboratories on an active search for the microbe of the disease.

At Paris, Vienna, and Berlin the microscope objective is directed to cultures, any one of which may hold the clew. Unfortunately, bacteriologists are not agreed, and their hasty work lacks the precision indispensable to studies of this nature.

Otto Seifert, of Warzburg, analyzed the fresh expectoration of a patient attacked with grippe. After coloring this with methyl blue

he found an immense quantity of a micrococcus, measuring (under a magnifying power of 350 diameters) 1.5 to 2 micro-millimetres in length and 1 micro-millimetre in breadth. These micrococci were for the most part arranged in long chains, in rare cases connected two by two (diplococcus,) and frequently isolated one from the other (monococcus.)

These micrococci were invariably in the gelatinous clots; their presence in many of the clear mucous fragments was also proved. As soon, however, as the secreted liquids became purulent the cellular elements predominated and the micrococcus diminished.

The micrococcus of influenza in no respect resembles that of the ordinary coryza.

Experiments in inoculation made by Seifert were attended with no results.

Max Gilles of Vienna, had made many examinations of expectorations of influenza patients, and in all cases has found, generally in considerable quantity, the capsule micrococcus, which closely resembles Friedlander's diplococcus of pneumonia. At a depth in the gelatine it was round and granulous. Its coloration was yellow. On the surface of the gelatine it took the form of a hemisphere and had a porcelain reflection.

His experiments in inoculating rabbits were without result.

Ribhert, of Berlin, is also searching for the microbe of grippe. He has not found either the diplococcus of Friedlander, or the pneumococcus of Talamon Frankel in the six cases of "grippal" pneumonia observed by him. This form of pneumonia he considers due to a streptococcus, which should be none other than the streptococcus pyogenes. He found the same streptococcus in great abundance in the autopsies made by him of patients who had died from grippe not complicated with pneumonia.

It must be observed that the streptococcus is not always pyogenes, since it can cause non-suppurative inflammations, as in erysipelas. At any rate if it is not the pathogenic microbe of grippe it plays an important part in this disease.

In France, M. Duponchel observed three cases of grippe followed by pneumonia, but in not one did he find the capsule diplococcus of pneumonia. A mouse inoculated with the expectorations of one of the patients succumbed, but its blood and organs contained no capsule diplococcus.

M. Laveran has seldom found the pneumococcus in the infectious forms of grippal pneumonia, but he has found numerous streptococci in the expectorations. In no case did the blood contain streptococcus at the commencement of grippe.

Messieurs Chantmesse and Widal have never found the bacilli in the blood of persons who have been suffering for several hours with grippe, even when the temperature rose as high as 39° or 40°.

M. Vaillard and Dr. Vincent find as the result of their microscopic examinations of the blood and expectorations of persons attacked by grippe, an organism invariable and specific from the morphological point of view, a streptococcus resembling that of erysipelas. These streptococci were also found by M. du Cayal in the expectorations of fourteen patients.

M. Netter found the pneumococcus and the streptococcus pyogenes in the same individual suffering from pneumonia, and in a case of broncho-pneumonia he found at the same time the pneumococcus and streptococcus. The same was true of two cases of otitis. M. Netter prudently concludes that neither the streptococcus nor the pneumococcus should be recognized as the yet undetermined pathogenic agent of grippe.

The two microbes are found normally in the mouth of healthy subjects. They, no doubt, acquire a virulence in the course of the disease.

M. Bauchard lately informed the Academy that he had found three pathogenic microbes in grippe; two too many if we would determine the pathogenic agent of grippe. These microbes, which are found habitually in a healthy state, are the staphylococcus aureus, the pneumococcus, and the streptococcus. The last-named organism is the one most frequently observed in the pathologic products of grippe during the last epidemic.

M. Bordas always found the diplococcus lanceolate of Pasteur and Talamon in the lungs of persons who had succumbed to fibrous or

lobar pneumonia. In these cases the inoculations made with fibrin exudations did not furnish a pure pneumococcus culture. The streptococcus pyogenes and the staphylococcus aureus were observed.

In brief, in pneumonia, supervening in the course of grippe, we find the pneumococcus, the streptococcus, and the staphylococcus pyogenes. These microbes, in provoking pneumonia, may acquire a virulence which does not belong to them, or may develop a hitherto obscure virulence.

Dr. Klebs finds in the blood of persons who have died from influenza a great number of small bodies in rapid motion, which recall, by their size, form, and movements, the micro-organisms noted by the same author in pernicious anæmia. These organisms are the flagellæ.

Koumiss, Kefir, and Matzoon.

The various preparations of fermented milk are being now so generally used, that we reprint in full a paper recently published by Mr. Ad. Tscheppe in the *American Druggist*.

Koumiss is generally designated as fermented milk. As this term implies the meaning of alcoholic fermentation, this definition is incorrect, since lactic fermentation has as much share in shaping the final result, by acting on both the proteid substances and sugar, as vinous fermentation does. It is not even the sugar contained in the milk which is attacked by the ferment which induces alcoholic fermentation, for the product of its fermentation is furnished by sugar foreign to milk, purposely added to it. Koumiss may, therefore, more properly be defined as being obtained by alcoholic fermentation of sugar, not *of* milk, but *in* milk.

The various phases of the process which take place in the formation of koumiss, and the changes which the constituents of milk must undergo, may be thus briefly stated:

Some sugar is added to milk, then brewers' or cake yeast (grocers' yeast,) and the mixture is left to itself. In the course of time, varying in length according to temperature, the effects of alcoholic and of lactic fermentation make hemselves apparent, the first by evolution of gas, through the splitting up of some of the sugar into alcohol and carbonic acid, of which the latter is the most conspicuous; the lactic fermentation, by the appearance of lactic acid, generated through a re-arrangement of the atoms in the sugar molecule, and in the influence of lactic ferment, which transformation manifests itself by throwing the casein out of solution.

While albumen may be considerably acidulated without losing its solubility, casein, as an alkaline-proteid, is soluble only in slightly alkaline solutions, and is extremely sensitive in this respect, towards acids. If lactic fermentation is so far progressed that neutrality is passed, the casein is thrown out as a coherent jelly, which, when undisturbed, becomes, more compact by contraction and expulsion of serum, and finally conglomerates into separate fibrous lumps, which cannot be divided any more. But if this gelatinous precipitate is agitated ever so slightly in the incipient stages of its formation, it is readily broken up into an impalpable cream, which may be kept finely suspended in the liquid for a length of time, if the necessary conditions of temperature are observed.

If the generation of carbonic acid gas has been lively enough before the lactic fermentation produces its effects, or if it is aided by occasional shaking of the bottle, all the butter-fat is enveloped in the precipitate of the casein without affecting its divisibility. Hence the function of the carbonic acid gas is this, that by the expansion and mobility due to its gaseous nature, it reduces the casein to the finest possible condition, much finer than other mechanical means can do. When the precipitation and division of the casein are effected, and enough carbonic acid gas is found to cause lively effervescence, the koumiss is ready for use. The time in which this is accomplished depends on conditions of temperature at which the fermentation takes place, and on the proportions of the additions. Upon the observance of the most favorable conditions depends also the quality of the product, and it is here where the formula and the directions given in the National Formulary need a correction, in order to obtain an irreproachable preparation of koumiss.

A. ADDITION OF SUGAR.—Milk-sugar is not readily attacked by yeast. Contrary to statements in books that vinous fermentation will set in after the milk turns sour, and that thereby the milk-sugar becomes changed into glucose, I find that milk more easily enters fermentation under an addition of an alkali, by which the souring is prevented. The same is the case with sugar-cane; and, as it is desirable to have the alcoholic fermentation started before the lactic fermentation acts on the casein, the addition of fermentable sugar, in the shape of grape-sugar or honey, is indicated. Its quantity must be regulated according to requirements only. Nothing is more annoying to the unwary consumer than the opening of a bottle of overcharged koumiss, which generally results in the spattering of its contents promiscuously about the room. The quantity prescribed in the National formulary for two pints of milk is amply sufficient for two gallons, and may only be increased for koumiss dispensed in patent bottles, or if drawn from ordinary bottles by means of a tap.

B. TEMPERATURE.—The temperature prescribed in the formula may turn out to be disastrous in the manufacture of koumiss.

Milk is a peculiarly complex preparation. It is not an emulsion, as sometimes stated in books, but contains the fat enclosed in separate cells, which rises to the surface as a layer of cream if milk is left in undisturbed repose or subjected to centrifugal force. Boiling does not burst these cells or separate the fat; but if milk is left for hours at a temperature above the melting-point of butter-fat, 65° F., or if subjected to violent commotion, such as churning at the same temperature for a short time, practically all the fat is separated. Again if casein is precipitated from fresh milk by means of acids, at any temperature, it incloses all the fat in its meshes, and also the jelliform casein separated from the milk by rennet includes the butter firmly. But if milk is allowed to turn sour, the fat separates from the casein readily by keeping it a short time at a temperature above the melting-point of the butter-fat. At the same time the finely-divided casein conglomerates into more compact lumps, and the koumiss is spoiled.

Although milk, as long as it is sweet, may be kept at 90° F. with impunity, this same temperature is deleterious to the product after souring sets in. The casein turns lumpy, and the fat may be seen floating in the neck of the bottle as a yellow mass. This temperature is unnecessary for the manufacture of koumiss. Vinous fermentation takes place at much lower temperatures, and the higher degrees only favor the lactic fermentation by which the koumiss gets too acid to be drunk by the bottleful.

The sugar is not all consumed by either kind of fermentation. If milk is allowed to turn sour, only one-tenth or one-eighth part of its sugar is changed to lactic acid, and also the vinous fermentation stops before all the sugar is used up. But the lactic fermentation goes on slowly, acting on the sugar which is left, and the koumiss turns more and more acid the longer it is kept. Pretty old samples of koumiss still react on Fehling's solutions.

In place of preparing koumiss with sweet milk, and waiting till it turns sour, the casein may be precipitated at once, by the addition of one-third of ready koumiss to fresh milk. Yeast is not necessary, but sugar must be added to produce enough carbonic acid gas to cause effervescence.

Koumiss may be also made from sour milk, freed of its crust of cream, by breaking up the gelatinous mass by vigorous concussion, and causing alcoholic fermentation by addition of sugar and yeast. This preparation would be nearly devoid of cream, but a proportion may be brought in by addition of sweet milk.

The time in which koumiss becomes ready for use depends as much on the quantity and activity of the ferment as on the temperature. With plenty of yeast and a prevailing temperature nearer to 90° than 60° F., the course of fermentation may be said to be even stormy, and the process is completed in as many hours as days may be consumed when the temperature is kept lower. But it is safer to operate at a lower temperature, by which a much finer product is obtained. Besides, by a slow after-fermentation the koumiss becomes ripened, and in the course of one or two weeks a cheesy or butyraceous flavor is acquired which

is generally regarded as a necessary characteristic of good koumiss.

Commercial preparations of koumiss never correspond to fully undiluted milk. Koumiss made from undiluted milk is too rich, and requires too great care to be practicably handled by the large manufacturer. But the pharmacist, who disposes of his own production directly to the customer, may easily take the necessary precautions against disastrous influences, and may give his customers the benefit of an undiluted preparation which koumiss is supposed to be.

Samples of commercial preparations of koumiss I found to be either more or less deficient in cream, or to be made from watered milk, or both. Dr. Brushe's koumiss, for instance, commanding the largest sale in New York, gave, on analysis, only two-thirds of the casein and fat in the proportions in which they exist in milk, indicating a corresponding watering of the milk.

KEFIR.

This is a fermented milk beverage, identical with koumiss in its finished state. It differs from the latter by being produced by aid of a different ferment. The kéfir ferment was orignally brought from the Caucasus, but may be procured in this market from home culture. It comes in the shape of grains of various forms and sizes, very much resembling bits of the inflorescence of cauliflower, constituting a compound fungus growth, resulting from the cohabitation of a fleshy fungus with a certain species of saccharomyces, which latter alone plays the active *role* of enacting vinous fermentation of the saccharine constituent of milk. This peculiar saccharomyces differs from the brewer's yeast by starting vinous fermentation without addition of a fermentable sugar, and fermentation progresses to a certain advanced degree while the milk is yet sweet, or before lactic fermentation produces its effect. It is, therefore, possible, to obtain an effervescing koumiss by its aid with a much less degree of acidity than that obtained by the saccharomyces cerevisiæ, and it may be concluded that the kéfir yeast is better adapted for the fermentation of milk than beer yeast is. By after-fermentation the same degree of acidity is reached as in koumiss obtained through the action of ordinary yeast. This peculiarity has led to a distinction in the use of the different stages of the fermentation of kéfir, as it has been observed that young kéfir which is yet sweet acts as a slight purgative, while an older, or more acid, or "stronger" kéfir exerts a constipating effect on the bowels, and is less easily borne on the delicate stomachs.

Kéfir koumiss is prepared by adding active kéfir grains to milk, preferably kept at a temperature between 70° and 80° F., until the effect of fermentation becomes apparent by the rising of the grains to the surface, being carried upward by bubbles of carbonic acid gas attached to them. The grains may then be strained off, and the milk, which now contains enough yeast-cells to insure the continuance of the fermentation, left to itself in well-corked bottles.

As the yeast-cells propagate themselves, more fresh milk may be added previous to bottling.

The directions accompanying the kéfir grains direct that the grains should be left in the milk until the casein separates from the serum, and that this strained product shall be used as the ferment of about four times its bulk of fresh milk. (Several prominent houses who sell kéfir grains accompany them by printed directions, which fail to start their activity together.)

If kéfir is once obtained by this means, the further production may be simplified in the same manner as in the case of koumiss, by adding a quantity of ready kéfir to a multiple of fresh milk, and this may be continued through many generations without having further recourse to the original kéfir grains.

The printed directions recommend the employment of milk previously boiled. The advantage of this proceeding is supposed to be this, that the lactic fermentation is retarded, to which end a washing of the kéfir grains with a two per cent. solution of carbonate of sodium is prescribed for the removal of the rest of lactic acid tenaciously retained by the grains.

Commercial kéfir grains may be found to be quite inert by the buyer uninitiated in the art of developing them properly. The fact is, that

their activity must be first started, and directions to do so are given with the samples; but, in spite of following them closely, they may fail to give satisfactory results. The secret of success seems to me to be to keep the grains in fresh milk at a temperature of 70° to 80° F., and to change the milk once or twice daily, or as often as the milk threatens to become sour. The time may have to be extended to a week, until their action becomes manifest by the generation of gas.

Kéfir grains are also apt to decay, and those inert grains have to be removed. Those which retain their vitality may be recognized by their turgor or toughness to the touch, while the decayed ones crumble between the fingers like soft cheese.

The usefulness of koumiss as a dietetic hinges upon the fine division of its casein. Indeed, if a well-prepared koumiss is subjected to digestive influences, the finely-divided and diffused precipitate of casein dissolves at once, while the floccular casein, otherwise obtained, resists the peptic action remarkably long.

MATZOON.

Matzoon is a peculiar milk preparation, also stated on the label to be fermented milk, although there is no evidence of its having undergone alcoholic fermentation, It is devoid of gas, and appears as a viscid liquid, showing a rather coarsely granular mass of precipitated casein, well suspended in a serum which corresponds to that obtained from sour milk. Although betraying great richness from its appearances, the analysis gives an amount of casein as corresponding to undiluted milk and two-thirds of its cream.

1 fluid oz. of cow's milk contains grains	Koumiss (average.)	Koumiss for milk.	Dr. Brushe's koumiss.	Matzoon.
Sugar	22	...	...	20
Casein	14	14	10	14
Fat	15	15	9	7
Lactic acid	..	1.5	3	.1

Glucose — Lactic acid.

$$C_6H_{12}O_6 = {}_2HC_3H_5O_3$$

Glucose. — Alcohol.

$$C_6H_{12}O_6 = {}_2CHO_2 \times {}_2CO_2$$

Glucose yields by fermentation—

	Per cent.
Alcohol	48.5
Carbonic acid	46.5
Glycerin	3.6
Other products	1.4

—*Therapeutic Gazette.*

Polypus in a Virgin.

The following interesting case was described to me by Mrs. Dr. Morgan, of this city:

Miss ———, a virgin, twenty-two years of age, had suffered with dysmenorrhœa and leucorrhœa for three years. For five months she had been under treatment, consisting in the local application of cotton tampons soaked in glycerine. No application had been made to the interior of the uterus. Considerable improvement followed the treatment and for three weeks no application had been made when a free hemorrhage suddenly occurred completely blanching the patient.

Examination showed a slight swelling, about the size of a filbert on the side of the os. Astringents were applied and the patient was kept quiet. The following day the doctor was surprised to find the whole vagina filled with what seemed like a fœtus at the second month, but upon removal turned out to be a polypus about the size of the two fists composed mostly of dilated blood vessels. After removal of the mass the hemorrhage ceased and the patient speedily recovered her strength. This is one of those beautiful cases in which nature relieves the surgeon of the difficulty and danger of getting a polypus out of the uterus and into the vagina where it can be easily removed.

W. D. BIDWELL, M. D.

"ROBINSON'S LIME JUICE AND PEPSIN" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page ii, this issue.

DRESDEN, Germany, February 4, 1890.—The eye disease, which has made its appearance and become epidemic in the higher and elementary schools here, is increasing, and is now spreading to the colleges. Several of the schools have been closed on account of the disease.

"How one thing brings up another," said a lady, absorbed in pleasing retrospection. "Yes," replied the practical Dr. Matt, "An emetic, for instance."

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per Annum, in advance.....$2 00
Single Copies.....25 Cents.

Subscription may begin at any time. The safest mode of remitttance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in REGISTERED LETTER. Address

Kansas Medical Journal,

723 Kansas Avenue.

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TOPEKA, KANSAS, APRIL, 1890.

Proprietary Medicines.

"In Kansas City, recently, seven druggists were each fined $500 and costs for counterfeiting a trade mark preparation, the ingredients of which were well known. * * * It is reasonable to suppose that the company manufacturing a remedy of this kind, dependent as it is for its sale on the satisfaction it affords to the profession and the approval which they in turn bestow on it, would ever observe the strictest precautions in the procurement and selection of drugs and other materials used in its make-up, and would guard most religiously the utmost precision and regularity in the various methods and steps of its preparation in order to attain unvarying uniformity and reliability of effects. And it is perfectly patent that the wishes of the profession in this regard are much more liable to be fulfilled under the above conditions than when the desired remedy is prepared under the vacillating conditions of all grades of drugs, degrees of skill, etc., to be found in drug stores."

We clip the above from an exchange that we may make it the text for a few remarks.

We do not think that the wealthy manufacturer of patent and proprietary medicines has appropriated all the honesty and intelligence of the drug trade and left none for his humble *confrerer*, who daily compounds our prescriptions; nor do we believe interest and honor are more stimulating to a manufacturer a thousand miles away than to one who works under our eye. Virtue is not confined to location, vocation or station. To the physician this subject has a wider interest. Must he load his memory with the combinations and proportions of an endless list, daily increased, of proprietary medicines, and prescribe more of this agent or less of that than will meet the indications of his case because druggists are too dishonest to vend reliable medicines or two ignorant to combine them according to his prescription, or through fear that his judgment may dictate a formula already filed upon by some proprietary establishment, a very possible thing, if, as they claim, they cover valuable combinations, and he or his druggist be compelled to pay $500 and costs because of the coincidence?

However exalted the opportunity and stimulus that inures to the manufacturer of proprietary medicines, his preparations tend to routineism, and to carelessness and inaccuracy in both diagnosis and prescription and are injurious to both the practitioner and his patient. Diseases of the same type, occurring in different idiosyncracies and with different surroundings, demand special adaptation in the prescription, more or less of this or that reconstructive, less or more of a nervous stimulant, or nervous sedative, etc. Each case must be diagnosed at the bed-side as a whole, and the combination made to meet its indications. If the physician understands the possibilities of the drugs he prescribes, he readily makes an appropriate combination, and it does not require any superior skill in the prescription clerk to comprehend the ℞ *misce, sigma, Da.* We know there are druggists who do not know enough to make an emulsion, and so there are physicians who do not know how to write a prescription from which a proper emulsion can be made. To such the "slut-poultice" of some fixed formula may be a necessity, but we do not write of or for such.

The sick man, with a patent nostrum prepared for the general public, however valuable its formula for a given case, cannot, by so many turns of the crank, grind out indiges-

tion, liver complaint or kidney disease, and no more can his physician with his patent proprietary-medicine, prepared for the doctor, in any class of cases, with a given number of revolutions restore health.

Suppose we concede that the manufacturer of proprietary combinations has acquired the honesty, the intelligence and the skill that enables him to solve one of the difficult problems in the life of the physician, the combination that will relieve a given pathological expression, is it not derogatory to the profession to pretend to a knowledge—a formula—not attained or attainable by others, and is it not equally derogatory to hold as a secret, or to claim an exclusive right to vend a remedy of special merit?

Medicine is a human profession and seeks to extend light or knowledge and to give the largest opportunity for health and happiness, and has no sympathy with those who claim proprietorship in agencies that tend to these results.

It is a mistake to suppose that manufacturers of proprietary medicines, under special "trade marks" absorb all the honesty and intelligence of the trade. A good name is the best trade mark, e. g. what better than Squibb?

As a rule, both in pharmacy and medicine, those who advertise special knowledge, ability and opportunity, are below mediocrity and feel the need of a prop. Hence we read in the excellent digest of ethics adopted by the medical profession of America: "It is beneath the dignity of the profession to resort to public advertisements or printed cards inviting the attention of persons affected with particular diseases. * * Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, etc. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent to discourage druggists and pharmacists from vending quack or secret medicines."

THE winter of 1889-'90 will long be remembered as a season of epidemics. Cholera has raged fiercely in the East. Small pox has been epidemic in Connecticut and cases have appeared at other places in the United States. Portions of Brazil have suffered greatly from yellow fever. Dengue has caused many deaths in Portugal. It has been called to our attention that leprosy is slowly spreading in India. La grippe has shown itself an able assistant to the destroying angel throughout Europe and America, and now comes the United States consul from Turkey, stating that a fever similar to miasmatic intermittent is epidemic in a portion of that country. In Samsoon one-third of the population are ill and in Amasia two-thirds. The fever lasts three or four days followed by three weeks or more of extreme weakness, and many deaths are reported. It has been both claimed and denied that epidemics of influenza are followed by epidemics of cholera; however that may be, we have at present on this mundane sphere an epidemic of epidemics strongly suggestive of the association of rare cases which physicians so often observe in their practice, and sanitarians like Micawber are on the *qui vive* for what may "turn up" next.

GRIPPE AMONG CATS.

At the last meeting of the Academy of Medicine (Paris) as a proof of the contagiousness of grippe, M. Ollivier cited the following case: "A lady was attacked with grippe with copious expectorations and extreme weakness. She was made to suck meat to repair her strength. A morsel she had sucked was given to a cat. Three days later the cat was attacked with grippe, coughed, grew thin, and finally died of the typical lesions."

M. Ollivier recalled that fifteen years ago he laid before the Biological Society an epidemic of grippe among cats. Facts were cited, among them the following:

"A cat affected with grippe was taken in by a family. It ate in common with the household cats; two days later it died; the five other cats were attacked with grippe; four died."

At the autopsies of these animals M. Ollivier verified bronchitis with broncho-pneumonia nuclei.

SMALL-POX IN THE AZORES.

The United States consul at Fayal writes, under date of January 30, 1890:

"I have the honor to report the appearance

of small-pox at the Island of San Miguel. As yet it is of no great consequence, but will doubtless soon spread, having begun in the city of Ponta Delgado, where there have already been some deaths."

Kansas City Medical College Commencement.

This college held its twenty-first annual commencement the evening of March 10, 1890, in the auditorium of the Y. M. C. A. building. The attendance was large, the music splendid, the speeches good, and everything went off to the entire satisfaction of everyone present.

Dr. E. W. Schauffler, who, by the way, is one of the leading physicians of America, and president of the faculty, presided and presented the diplomas to the graduating class, of whom there were sixteen. Dr. Hanawalt, (formerly of Kansas) delivered the address to the graduating class. The doctor has filled the chair of physiology in the school during the past year, to the entire satisfaction of the faculty and class, Dr. Block, the professor of physiology being absent in Europe.

Kansas carried off the cash prizes, Dr. Lowman, of Oskaloosa, Kan., getting the first prize of $100 cash and Dr. Magee, of Topeka, the second prize, $25 cash. Dr. Fryer, Jr., obtained Dr. Halley's prize, a work on surgery, for passing the best examination on surgery. Dr. Thrailkill, a case of instruments for excelling in bandaging and plaster Paris dressing. A number of the graduates were presented with beautiful bouquets of flowers, the exhilerating effects of which remain with us until the present.

Dr. Young, of the Methodist church of Kansas City, delivered the general address of the evening on "The World of To-day." He dealt with the subject in a logical, intelligent, interesting and instructive manner. This was an innovation on some of the addresses we had heard by reverend gentlemen on similar occasions and too general in public addresses to physicians by public speakers. Their manner, subject matter, jokes, (many times cadaveric,) illustrations, etc., remind one of stories of witchcraft, sorcerers, magicians and incantations. Forgetting that the physician of to-day is the equal of any other profession; his mind is schooled continually to freedom from prejudice. He is called upon almost daily to decide against his own likes and desires. He must deal with facts as revealed by the scalpel. Theories and opinions not in accordance with revelation are given up. We think that a physician is more nearly capable of looking at all sides of a question and giving an unbiased opinion, from experience in the practice of medicine, than the most of professional men. The only criticism that could be made on Rev. Young's address was that it was too long and there were too many adjectives.

After the exercises closed the faculty, graduating class and alumni repaired to the Centropolis hotel, where the alumni had in waiting a magnificent banquet for their alma mater and new-born brethren, which was partaken of with a relish, and full stomached, each one repaired to his respective couch to hazard sleep, while his digestive apparatus paid the penalty and his cerebral cortex phantomized until morning.

The alumni held an afternoon session. The usual routine business was transacted, electing Dr. Swaney, of Hickman Mills, president, Drs. Hardin and McVey vice-presidents, and Dr. Frick assistant secretary. Dr. Minney read a paper on "Tact in the Physician," which was discussed at length and is published in this number of the JOURNAL.

While not exactly opportune in this connection, the letter of Dr. M. B. Ward in the last number of the JOURNAL keeps coming up in our mind, and while he gives a beautiful pen picture of the good physicians in Philadelphia and what they are and can do, we are reminded of what the western physicians are doing with little fuss and furor also. We know of no operation required on the human body but that can be done in Kansas City. We can come nearer home and (at the expense of appearing egotistic) say the operation that cannot be done skillfully in Topeka, the patient's expense will be cheerfully paid to the city of his selection. In fact, Wichita, Leavenworth, Atchison and a score of smaller towns in the State, if space permitted we would like to mention, could surprise the astute east if their work was put on record

and presented to the medical world as it should be.

WHILE a goodly number of our best men write for our JOURNAL, a large percentage do not, and their labor is virtually lost to the medical public and their experience dies with them.

"Jack with the Lantern."

"Jack with a lantern" has deceived many a traveler, and all who have followed its false lights have been led into marsh and mire and "stuck in the mud;" have been compelled to wait the coming of a true light that would lead them up from the marshes to the higher lands by safe paths.

That we have the analogue of this in medical science, literature and religion, is evident to all observing minds. We will call attention to one "Jack with a lantern,' that has led many into the bogs and marshes of ignorance; and worse, has, by being deceived, made many of its victims deceivers—we speak of Homœopathy. The founder, with theory and fancy for his foundation, built the system. It has had many followers, and has led into its follies many searchers after truth. Those who have been content to wait for the light, have again found footing on the paths leading up to the hill of science. Many are still struggling, and will find safe paths when the true light shines into their darkened minds. Ignorance, false systems, vice of all kinds, are like the marshes—*they lie low*. Those in their toils must look *up*, where the light of science shines, and they will have good guidance into wisdom's ways.

Truth can have no compromise with error. Regular medicine can have no compromise with false systems, no matter by what name they may be called. Whatever of truth there may be in homœopathy is in no danger of being lost. As the poet sings, "Truth crushed to earth will rise again." It can not be kept down in the marshes.

The question so much talked of of late, viz., "the recognition of all without regard to faith or practice is time lost. Regular medicine *is not* intolerant, is *not* bigoted, but stands with outstretched hands giving welcome to *all true* disciples." The history of medicine is a mirror of the evolution of the centuries, and the science evolved is one of the crowning glories of humanity. Let us remember that false systems do not benefit the true. Had the founder of homœopathy and other false leaders never played the part of "Jack with a lantern," true medicine would have been nearer to the perfection we seek—they have been clogs on the wheels of progress.

S. G. S.

Medicine in Syria.

Dr. Thomas W. Kay, of Beyrout, Syria, says the natives of Syria are firm in the belief of the contagiousness of consumption. This belief has been held for many years, and it is so strong that after death from this cause all the clothing and furniture used by the diseased during the sickness are gotten rid of, and the room in which the death took place is left vacant for a longer or shorter period.

He also states the exanthematous diseases are found at all seasons of the year. Variola is never absent; in fact people have become so accustomed to its presence that they have but little fear of it. The only exception to the contagious diseases is scarlet fever, which, so far as he could learn, has never appeared in that country except in sporadic cases, which were imported and failed to spread.

The treatment of all the exanthemata is alike, the patient being confined to a close room and kept as warm as possible, while fresh air is carefully excluded, so the disease may "ripen" rapidly. Their plan of destroying disease germs is curious. Branches of the myrtus communis are hung about the room; the floor is sprinkled with camphor, aqua rosæ and vinegar. Cow dung and skins of pomegranates are burned in front of the door.

The Doctor gives some of the curious ideas entertained concerning sick persons being visited: "Should two persons be sick in the same room it matters not, but under no considerations should one sick person visit another, or be allowed to enter the room where another is sick. It is also considered unsafe for a sick person to be visited by a woman having her menses."

"A favorite plan of treatment for icterus is cutting the frænum linguæ." He says, "I now call your attention to their most potent and most common agent in the treatment of disease. It is the actual cautery or one of its modifications. Its use is so common that it is rare to find a native who does not bear its marks. Red hot nails, knitting needles, spoons filled with hot ashes, pieces of rope dipped in boiling oil, are all variously used in different diseases. Diseases of the stomach, liver or spleen, tonsilitis and diphtheria, articular rheumatism, inflammation of the respiratory organs, boils, abscesses, and many forms of paralysis, are cauterized *ad libitum*. Poultices are used in milder troubles, the most common being fresh cow dung."

The Doctor gives many a very interesting paper on the practice of medicine in Syria, of which the above are a few extracts read before the international medical congress.

The Relation of Physicians and Druggists.

Since it has become the custom, especially in cities, for physicians to write their prescriptions and send their patients to the druggist that they may fill them, there should be absolute faith that the druggist will dispense the drugs as prescribed; faith that the druggist will not step outside of his place as a dispenser and become a prescriber; faith on the part of the patient or friends that the *doctor* is not a *sharer* in the druggist's profits. These articles of faith are indispensible if the custom of sending our patients to druggists be continued. Very frequently our patients report that they have, in the beginning of an illness, or for some slight ailment, been taking medicine prescribed by a druggist to whom you have been in the habit of sending your prescriptions. This is infamous, and we would recommend that when druggists are known to prescribe, we should be careful to send our prescriptions to those pharmacists who do not go outside of their legitimate sphere. S. G. S.

THE February number of the Kansas City *Medical Index* contains a very readable editorial relative to the free treatment of ministers of the gospel by physicians. The ground taken that a retired clergyman accumulating money by speculation or other business enterprise, or a clergyman engaged in ministerial work and receiving therefor a salary of from $2,000 to $15,000 a year is not entitled to free medical advice is a very reasonable one. A man who devotes his life and energies to the improvement of mankind physically, mentally or morally, is entitled to the support of his fellowmen, but when receiving for such services a sum of money sufficient to support a family in circumstances similar to those of his neighbors he ceases to be an object of charity and is no more entitled to free medical attendance than he is to free groceries. The more self-respecting clergymen do not expect such a gratuity. The average physician does his full share of charity work, and comes nearer to the old scriptural ideal of giving a tithe of his labors to God and his fellow man than any other class of business men. He certainly should and does give his services freely to the poor and underpaid clergyman, but has many more deserving cases of charity than the well paid and well housed rector of wealthy city parishes. Without doubt many physicians are atheists and scoffers, but on the other hand not a few go about their practice as followers of the Great Physician, and well to do ministers should pay fees for their services as willingly as rich congregations pay salaries to them. It is the same principle, or at all events one quite similar to that which obtains where one physician is treated by another. If both are on a par and the service is temporary professional courtesy demands that no fee be required, but if the service be long or the invalid physician well to do, the same obligation requires that he at least tender a fee which the other may justly accept. "*Noblesse oblige*" is a principle that applies to all professions and to the dealings of one with another, not excepting the clergy. The *Index* offsets its editorial by a coarse joke about the Missouri State Board of Health. It appears under the head of "Little Items," and we trust is not original with the editor. Witty items relieve the monotony of a series of strictly scientific articles, but a pun, and such an one, is the lowest kind of wit and lowers the reader's opinion of the journal in which it appears.

LITTLE THINGS.

DEAF mutes are never sea sick.

FRUIT should be eaten at the beginning of a meal.

CORNEAL transplantation so far is not a success.

DR. G. L. TAYLOR of Wichita, died of arsenical poisoning March 12.

DR. T. L. MCCARTY of Dodge City, made a flying trip to Topeka last month.

DR. FORMAD says, it is remarkable how infrequent Bright's disease is in drunkards.

MITTENDORF relates three cases in which the continued use of cocaine produced conjunctivitis.

A SWEDE woman at McPherson, Kansas, gave birth to quadruplets. The last account was that all were doing well.

PHENACETIN it is said, in doses from a grain to a grain and a half, every three or four hours, will control whooping cough in children.

DR. MCCANDLESS of Holton, was called by a telegram to Rock Island, Ill., by the serious sickness of his daughter-in-law, March 4.

A MAN by the name of Animation was hung in Dakota the other day, and the papers are calling it a case of suspended animation.

DR. SCOTT and his estimable lady, banquetted the visiting brethern of the District Medical Society at their home in Holton, on the evening of March 4.

IT is stated on the authority of the *Times and Register*, that persons desiring to marry in Brazil, must first pass a medical examination to prove their fitness.

THE Local Committee of arrangements of the State Medical Society, consists of the members of the State Medical Society at Salina, with Dr. G. W. Newman president.

KIPP reports three cases of follicular conjunctivitis, which he belives due to the use of cocaine. All three patients were over seventy and the cocaine had been used from two to six months—*Arch. of Oph.*

OUR "Vaginal Tampon" paper and cuts by Dr. J. C. McClintock, in the February number of the KANSAS MEDICAL JOURNAL, was kindly received by the medical press. The Minnesota *Medical Journal* of Minneapolis, sent for the cuts and will publish the paper. The *Dixie Doctor*, one of our exchanges had cuts made and presents the paper together with the cuts in its last issue, giving the KANSAS MEDICAL JOURNAL credit. Its the little practical things that are appreciated by the wide awake physician.

DR. BRADLEY of Topeka, graduated at the last commencement of the Iowa City medical college, and will engage in general practice with Dr. Munn his former preceptor. We commend the young doctors' judgment in selecting a partner. If he is as judicious in selecting therapeutic agents and there is any virtue in them he will make a grand success in medicine. To Drs. Bradley and Magee the JOURNAL extends a cordial greeting.

EUROPE has a new ill to send us. We have had her grippe and now we are warned of another malady which has made its appearance in Rome, called "la nouna." It is described as a lethargic sleep, and no doctors have thus far met with success in awakening the patients who have been afflicted with it. No cases have yet been reported in this country, but it is said to be epidemic in Rome, and spreading with alarming rapidity.

"EMMENSITE," the new explosive, and "gelbite," smokeless powder, invented by Dr. Stephen H. Emmens, were given a thorough test at the navy yard at Washington City last week, and proved entirely satisfactory to the members of the Senate Committee on naval affairs.

MR. ROBINSON of the firm of Swift and Holiday, had a splendid display of surgical instruments at the Holton meeting of the Eastern Kansas District Medical Society, March 4. He was well pleased with his trip. His firm carry a heavy stock of instruments, and we can recommend it to our patrons as reliable, reasonable and worthy their patronage.

IT is claimed that blepharospasm is most frequently produced by a fissure at the outer canthus, sometimes at the inner canthus, of the lids. Treatment—lay the fissure bare by stretching and cauterize with blue stone.

Program of State Medical Society.

First—Address by the president, C.C. Green, M. D., Topeka.

Second—"Some Human Parasites," by W. D. Bidwell, M. D., Leavenworth.

Third—"Crime, Its Physiology and Pathogenesis, and what Medical Men can do for its Prevention," by R. E. McVey, M. D., Topeka.

Fourth—"Ununited Fractures and their Treatment," by K. F. Purdy, M. D., Wichita.

Fifth—"Dilatation of the Cervical Canal for the Permanent cure of Dysmenorrhœa and Sterility, with cases," by F. F. Dickman, M. D., Fort Scott.

Sixth—"The Relation of Formative Matter to Disease," by J. S. Foote, M. D., Wichita.

Seventh—"The Management of Surgical Injuries of the Abdomen," by A. H. Cordier, M. D., of McPherson.

Eighth—"Pott's Fracture," by L. J. Lyman, M. D., of Manhattan.

Ninth—"Recent Advances in Ophthalmology," by D. F. Longenecker, M. D., Emporia.

Tenth—"Report of a case in Surgery with Remarks," by J. C. McClintock, M. D., Topeka.

Eleventh—"Climatology in the Treatment of Phthisis," by J. A. Lane, M. D., Leavenworth.

Twelfth—"Report on Cerebro-Spinal Meningitis," by C. H. Shriner, M. D., Galena.

Thirteenth—"New Remedies," by John M. Scott. M. D., Holton.

Fourteenth—"Suppurative Hepatitis, with Report of Cases," by A. B. Peters, M. D., Mankato.

Fifteenth—"Intussusception," by W. L. Schenck, M. D., Osage City.

These papers have been promised upon personal solicitation by the secretary and can be depended upon. Others have been written to but have not had time to answer. There will be time for volunteer papers, reports of cases, etc. Railroad rates have been secured, (see article elsewhere.) Hotel accommodations ample—one hotel can accommodate one hundred guests. There are several hotels, besides boarding houses. As before remarked, a more beautiful section of country has not been made. Let us all go to Salina May 13 and 14, 1890.

C. C. GREEN, Pres.

J. E. MINNEY, Sec'y.

The Regular Profession.

The world sometimes wonders at the lack of unity in the medical profession, and murmurs because regular practitioners do not consult with the various medical sects. We rather wonder at the absence of schism, and rejoice at every advance toward more perfect unity, for we know it means progress.

Not many decades have passed since various religious sects were hedged about with cunningly devised formulas, which deprived others of the liberty enjoyed by their founders; barred investigation, evolution, progress; encouraged narrowness, bigotry, hypocrisy, and excluded thoughtful, conscientious and progressive men from their fellowship. The world was full of creeds, but comparatively void of charity. The church endeavored to establish unity through uniformity of belief, when it should have known that unity, so far from involving uniformity, necessarily manifests itself in diversity. In the infinite variety of nature there is little uniformity, but perfect unity. The religious world is just now beginning to learn that under every variety of religious belief there is one underlying thought and faith, one aspiration toward the infinite.

Long ago advanced scientists in medicine and the sister sciences, not only fellowshipped those who saw truth from different standpoints, but encouraged the widest and broadest investigation, with full faith that at last all truth would unify. It is only thus truth can be evolved. If seeming facts do not harmonize science knows there is an error. The problem is resolved, and every truth demonstrated aids in harmonizing all truth.

On this basis *the regular profession* of medicine stands, allowing to each the largest liberty in the pursuit of his own methods, encouraging all who seek to evolve truth, in whatever direction, and fellowshipping all who stand upon this broad and liberal platform.

As in religion, those who know the least of its spirit are the most dogmatic, so in medicine the weaker brethren—those who think wisdom will die with them—from lack of knowledge seem to prop themselves up by special "pathies" and "isms," excluding all who are

too broad for their narrow creeds. Thus, Dr. Thompson, who was a founder of one of the narrowest of the Christian sects—the "Hard Shell Baptists"—very appropriately became the father of one of the narrowest of the medical sects—Thompsonianism—adopting as his motto "Heat is life, and cold is death," and as his pharmacopœa steam and no peppers.

Among the sects who have excluded themselves from the fellowship of regular medicine, it is hopeful to note that some of the more intelligent are finding their Procentean beds too narrow, and are longing to stretch their limbs. Thus the homœopaths are doubting whether the subdivisions of Hahnneman do really develop dynamic power in medicines, whether *similia similibus* is always true, and whether they should continue to exclude from fellowship all who do not profess belief in their creed. But

"Timid mortals fear to launch away."

The great ocean of truth seems too broad for those who have been circumscribed by a few creedal dogmas, and for the present they only propose to change their "bolsters," adopt a new name—"The New Creed." Let the leaven work, and when they break the bonds that impede their progress we will welcome them to broader fields and greener pastures.

To Keep out Lepers.—The following order has been issued by Secretary Windom: Until further orders, no vessel shall be admitted to entry by any officer of the Custom until the master, owner or authorized agent shall produce a certificate from the health officer or quarantine officer of the port of entry, or nearest United States quarantine officer, that no person affected with leprosy was on board the vessel when admitted to free pratique, or, in case a leper was on board such vessel, that he or she, with their baggage, has been removed and detained at quarantine. Second—Medical officers in command of the United States quarantines are hereby instructed to detain any person affected with leprosy found on board any vessel, but such officer will permit the departure on outgoing vessels of persons detained at quarantine in pursuance of this regulation, provided such vessel shall be bound to the foreign country from which the said leper shall have last sailed.—*Southern California Practitioner.*

Railroad Rates to the State Medical Society.

Physicians please read the following letter and note the requirements of the railroads, as their instructions must be complied with to secure reduced rates.

J. E. Minney, Secretary.

Kansas City, Mo., March 8, 1890.

J. E. Minney, 723 Kansas Ave., Topeka, Kas.

Dear Sir:—In regard to your application for reduction in fare in favor of persons attending the Kansas Medical Society, to be held in Salina, Kansas, on May 13-15, I have pleasure in advising you that the rate of a fare and one-third for the round trip, upon the certificate plan, from Kansas points have been agreed upon by the railways mentioned below. Certificates to be signed by yourself.

Reduction will not apply unless there are at least 100 people in attendance *by rail* from outside points.

Atchison, Topeka & Santa Fe Railroad,
Burlington & Missouri River Railroad,
Chicago, Rock Island & Pacific Railway,
Kansas City, Fort Scott & Memphis Railroad
Missouri Pacific Railway,
St. Joseph & Grand Island Railroad,
Union Pacific Railway.

On the certificate plan, the passenger pays full fare in going to the meeting, and secures a certificate (or receipt) therefor from the ticket agent, by request, at the time of purchase, and this certificate (or receipt), when countersigned by the proper official at the meeting, becomes authority for sale of a return ticket over the same road, between same points, at one-third fare, thus making one fare and a third for the round trip. Where the ourney is made over more than one line, it is frequently necessary for the passenger to purchase separate local ticket and procure certificate thereof for each of the lines in this territory over which he travels in going to the meeting, as many of these lines do not honor the certificates of any other line. Passengers should therefore ascertain from the ticket agent what portion of their journey can be covered by the certificate procurable of him, and purchase tickets and secure certificates filled in accordingly.

Yours truly,
W. W. Finley, Chairman.

Leprosy is popularly regarded as a disease common enough in the days of the Roman Empire but now confined to the Sandwich Islands. How erroneous this view is, is shown by Dr. Morell Mackenzie in an article enti-

tled "The Dreadful Spread of Leprosy," in the *Nineteenth Century* for December, of 1889. Dr. Mackenzie calls attention to the fact that leprosy requires about fifty years for its development in a community. In 1853 the first case of leprosy was imported to the Sandwich Islands, while between 1869 and 1887, 2,864 cases were received in the colony of Molokai, and this out of a total population of only 67,000. Spain has many centers of infection. Portugal has more lepers than any other European country. Leprosy is spreading alarmingly in Russia. In India there are 250,000 lepers and the number is growing. Cases have been brought to Salt Lake City by converts from the Sandwich Islands. In 1866 there was but one case in Louisiana, while recently forty-two cases were counted in New Orleans alone. In view of this general diffusion of a loathsome disease the order of Surgeon General Hamilton, quarantining at Galveston against suspected lepers comes none too soon. Segregation alone will protect against the disease and cannot be too early enforced.

Obituary.

Dr. John W. Jackson, of Kansas City, Mo., died at his home in that city at 4:30 a. m., March 13th, in the 56th year of his age. In his death a strong and vigorous life went out on the altar of surgery; his long illness and death resulting from a slight wound received during a surgical operation.

Dr. Jackson received the degree of M. D. from the St. Louis Medical College in 1863, and was soon after made surgeon of the 48th Regt. Mo. Vols. During the winter of 1873-4 he attended the College of Physicians and Surgeons, N. Y., from which he likewise received a diploma.

He was the first chief surgeon of the M. P. railway, and subsequently and at the time of his death, chief surgeon of the Wabash. He established the first railway hospital, and was their enthusiastic advocate. At the organization of the National Association of Railway Surgeons he was chosen president, and in June, 1888, was made first vice-president of the American Medical Association. He had been Professor of Surgery in the University of Kansas City since 1883, which position he held at the time of his death. Kind, patient and firm, he was a generous friend and a courteous physician.

He was buried by the Sir Knights, and his funeral attended by the Loyal Legion, the Jackson County Medical Society and the faculty of the university and a large concourse of friends.

A Pasteur Institute in New York.

The New York *Medical Journal* announces that D. Paul Gibier, formerly of Paris, has opened a laboratory in New York city for the preventive inoculation of rabies, according to the methods of M. Pasteur. Dr. Van Schaick will be Dr. Gibier's assistant and Dr. Liautard will be consulting veterinarian. *Jour. Amer. Med. Assn. March* 8, 1890.

"Where a little is given little is required." When a man knows nothing of a subject he should probably say as much. Medical men do things differently, and medical journals are no exception. We are led to make a few remarks on the above editorial because of the unfavorable opinion we had formed of the Pasteur Institute as commonly reported.

Also from such notices found in the secular papers all over the land, viz:

PAUL GIBIER, THE AMERICAN PASTEUR AND HIS NEW INSTITUTE.

(Copyright 1890.)

Americans who are so unfortunate as to be bitten by rabid dogs need no longer go to Paris to escape the terrors of hydrophobia. A long-time pupil and associate of M. Pasteur, Dr. Paul Gibier, who has been signally honored by the French government on various occasions, has just founded a Pasteur institute in New York, where the victims of rabies can be treated on the same principles and with the same virus as in Pasteur's own laboratory.

I called at the American Branch of the Pasteur Institute yesterday, the day of its formal opening. Dr. Gibier, assisted by his two associates, Dr. G. Van Schaick, of the New York Medical School, and Dr. A. Liautard, director of the American Veterinary College, was treating a patient, a boy of about ten years of age, who two days before had been bitten by a stray dog that afterward proved to be rabid. The little fellow was placed in the

operating chair and, although he bore the ordeal of inoculation bravely, he could not repress a slight scream when the knife punctured the skin during the injection of the virus. In a few minutes it was all over and the patient, led by his father, a poor workingman, left the room smiling, and feeling that a great danger had been passed.

M. Gibier is a short, dark-complexioned man, with a head not unlike that of Pasteur himself, but he in much younger. Indeed, this savant seems to be hardly thirty years old. He has dark eyes, coal-black beard and hair, and teeth of unusual purity and whiteness.

"To-day is the first active day of the institute," he explained. "Yesterday we had a number of members of the medical faculty here, inspecting the building and apparatus, including the cults of virus which have been two months in preparation."

"Is the virus the same as that employed by Pasteur?"

"It is identical. I was with him for several years and am familiar with all his methods and especially with the preparation and application of the virus. When a patient comes here, after being bitten by a rabid animal, I wait two days after the day of the bite, and then, if the case is an ordinary one and has no specially severe features, I inoculate him fifteen times during fifteen successive days. In the event of the wounds being sore, I inoculate eighteen days with stronger virus. I always begin with the weaker virus.

"The philosophy of the treatment is this: You accustom the body to the poison by degrees, and then, when the rabies ultimately reaches the brain, that organ is proof against it and is prepared to resist it. It is like the old story of King Mithridates, who accustomed his body to poisons, so that the machinations of his enemies to kill him by that means might fail. We take the virus from a rabid animal, and, after dissection, inoculate a rabbit with it. That is the first generation and is the starting point in the series of gradations that runs through 241 generations of rabbits. Thus: We take the virus from the first rabbit after inoculation, when the disease has reached its maximum and terminated fatally, and with it we inoculate another rabbit which is generation number two, and so on. Meanwhile the virus is gradually growing weaker, till after the 241st passage it is in a proper state for use on the human system.

"This institute I founded with my own money. The first patient, as you saw, was a workingman's child. While the institute is not designed for a charity, it accepts nothing from those who are unable to pay. It has many friends among the medical fraternity here and in other large American cities, who give us their moral support."

It is proposed in the near future to erect an edifice that will be to this country what the Pasteur Institute is to France. M. Gibier is probably less of an enthusiast than a calm, deliberate scientist, who cares little for the applause of the world if he be only allowed to push forward his bacteriological investigations.

Again, the picture of the man or doctor in the papers accompanying the interview, if true to nature, shows a head for money-getting that equals a Gould. As before implied our suspicions may have no foundation; we hope they have not. The matter is mentioned that the brethren may investigate for themselves. We hope our worthy journal of the American Medical Association will give its views of Pasteur's work: If it is as clearly proven for good as that of vaccinnation? If we are warranted in publishing editorial news items of this character in our medical journals without comment, when they are put so glaringly prominent in the daily press (purposely, seemingly,) with the cut of the man, etc., and nothing under the heavens by which we can differentiate between them, Joe He and all that class of nauseants?

To be plain, we are firmly impressed with the belief that our worthy contemporary has been worked in giving countenance to this hybrid "institoot" by an editorial squib. For the slick Gibier has been successfully interviewed, photographed and widely published in the secular press (and quietly in the medical journals.) He is by this means enabled to reach the people immediately, and "the institute founded with *his own money*," will evidently prove a bonanza financially, which will accomplish the object of the originator.

Dr. R. S. Magee of Topeka, has finished the three year course in medicine, the last year in the Kansas City medical college, taking the second prize, $25 in cash, on general examintion. The doctor will confine his practice to the eye and ear with Dr. Minney.

We had the pleasure of meeting Dr. Garcelon of Maine, in Kansas City March 11. The doctor was governor of that State once, and is a familiar figure at the American Medical Association meetings.

Anaesthetics.

Ether and chloroform have each had their advocates, and advocacy has sometimes warmed into bitterness and denunciation. Many have sought to solve the question by combining the two, but whether used separately or combined, sudden and unexpected death has too often emphasized the importance of care in their administration.

After much careful investigation the Hyderabad Chloroform Commission formulated the following practical conclusions: "The recumbent position, on the back, and absolute freedom of respiration are essential. Tight clothing of every kind should be avoided. A convenient form of inhaler is an open cone with a little absorbent cotton inside, at the apex. At the commencement of the inhalation, care should be taken by not holding it too close over the mouth and nose, to avoid excitement, struggling, or holding the breath. As a rule, no operation should be commenced until the patient is fully under the influence of the anæsthetic. The administration should be guided as to the effect entirely by the respiration. If breathing becomes embarrassed, the lower jaw should be pulled or pushed from behind the angles forward. Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving confidence and steadying the circulation. Suspended respiration is to be treated by artificial respiration and lowering the head. If the above rules are followed chloroform may be given in any case requiring an operation with perfect ease and absolute safety, so as to do good without the risk of evil."

More Doctors.—At one time we thought of publishing the name of every new doctor who came to Topeka, but we have given up in despair. New doctors' signs are seen on every corner and as magically disappear. A certain population will support about so many doctors and no more. We welcome all physicians to our city, and will do all we can in making them comfortable; and we are in position not to be effected, should a thousand general practitioners locate in our midst. We are not envious, but it does seem that the ground is more than covered in Topeka.

Kansas State Medical Society.—The program is almost complete. A number of volunteer papers will be prepared for the meeting and read if time will permit. A program of one hundred papers when only fifteen or twenty can be read and discussed, for lack of time is mere show and ends in disappointment. The physicians of Salina are hard at work making preparations for the State meeting and everything promises success.

The thirty-third annual meeting of the Medical Association of Missouri will be held at Excelsior Springs, Clay county, Mo., May 6, 7 and 8, 1890. Art. I, Sec. 4, says: "Members by invitation shall consist of reputable practitioners who may be deemed worthy of the compliment and elected by a vote of the Association." The profession of Kansas is especially invited to be present.

J. I. Matthews, President.
J. C. Mulhall,
Joseph Sharp,
Secretaries.

A Delicate Test for Sugar in the Urine.—Boil equal parts of urine with liquor potass, to which is added a pinch of sub-nitrate of bismuth. If sugar is present the powder turns brown or black.

Prof. DaCosta.

Angell thinks that a routine use of atropine unnecessary in the determination of refraction. He thinks that the true refraction is almost invariably revealed by the direct method of ophthalmoscopic examination.—*Arch of Oph.*

Dr. L. A. Buck, of Peabody, smiled upon us March 12. The doctor always has a kind word, a cheerful countenance and a hearty welcome for the brethren. This with a thorough knowledge of medicine is the secret of his success in the practice of medicine.

Dr. J. L. Fryer of Kansas City, Mo., son of Dr. B. E. Fryer, made us a pleasant call the other day. The doctor is a recent graduate of the Kansas City medical college, and like his father a gentleman of the first order.

SOCIETY PROCEEDINGS.

Northeastern Kansas Dist. Medical Society.

The Northeastern Kansas District Medical Society met in Holton, in the hall of the W. C. T. U., March 4, 1890, the president, Dr. Joseph Haigh in the chair, and Dr. J. T. Scott secretary *pro tem.*

Present—Drs. Joseph Haigh of Grenada, R. B. Taylor of Circleville, Grant Cullimore of Atchison, G. W. England of Valley Falls, J. H. Brown of Wetmore, J. T. Scott, A. B. McCandlas, V. V. Adamson of Holton, L. P. Paddock of Netawaka, W. Troutman of Seneca, J. L. Love of Whiting, J. F. Preston of Arrington, Robson of Larkin, and M. B. Ward, J. C. McClintock and J. E. Minney, of Topeka.

The minutes of the last meeting were read and approved, as reported in the KANSAS MEDICAL JOURNAL.

Drs. Cullimore, Paddock and Haigh were appointed a committee on programme for the next meeting.

Dr. England requested that Jefferson county be included in the territory of the society, as there was not an organized medical society in the county. It was so ordered by a regular vote of the society.

Dr. England presented a case for examination, which proved to be carcinoma of the rectum. Prognosis—six months.

There being no business before the meeting, Dr. McClintock was called upon to report a case from practice.

Dr. McClintock being called upon to speak on the subject of "Abdominal Surgery," said that during the last two months he had had four laparotomies, with three recoveries, and that he would choose to report the fatal case as follows:

On February 16 I was called to Burlingame, Kansas, to remove an ovarian tumor. The patient, Mrs. Miner, aged about fifty years, gave a history of having had a tumor in the abdomen of several years' standing. Four years ago, it was the size of a child's head, and had been until recently of slow growth.

An early operation had been advised by her medical attendant, but it was declined. Of late, however, the discomfort from the greatly increased growth of the tumor compelled her to seek relief, if such could be obtained. Accordingly Dr. Haller, her medical attendant, summoned a specialist, who gave a diagnosis of ovarian tumor, with a co-existing fibrocystic growth of the uterus, but owing to an alarming valvular lesion of the heart declined to operate unless the condition of the heart might be improved.

Later, on the return from the New York Polyclynic of her former medical attendant, Dr. Cazier, I was called in the case, and on examination found a dilated heart with mitral regurgitation; kidneys excreted an amount of albuminous urine varying from six to sixteen ounces daily; the legs were enormously distended, and the abdomen was so filled with the tumor and the ascitic fluid it had been impossible for the patient to assume the recumbent position; she consequently was compelled to remain day and night for weeks sitting in a chair. So urgent had the symptoms become that paracentesis had been resorted to some days previous to my visit. A satisfactory examination of the tumor could not be made, owing to the extreme distention of the abdomen; but the depth of the uterine cavity being five and one-half inches, gave color to the diagnosis of a uterine tumor.

In consultation it was decided that it would be wise to not interfere in the case, but to advise the family to await the summons, which was soon to come.

Accordingly the family was so informed, and the patient told that she was in no condition for an operation, her vital organs being too badly impaired; the announcement causing plainly the greatest disappointment to the patient. And I was informed that such an opinion had been anticipated, and that it was plain to the patient and her family that in her present condition, as she could not long survive, that she was willing and anxious to take the desperate chances of an operation, and assume the responsibility.

With this understanding, I promised that if an improvement could be made in the heart's action, and in that of the kidneys, that I would return at an early day and attempt the removal of the tumor.

Under appropriate diet and treatment by

her physicians, the daily quantity of urine was increased to forty ounces, and I was requested to return on February 25, for the removal of the growth.

Preparations were therefore inaugurated, which consisted in a thorough cleaning of the room chosen for the operation. Carpets, curtains and furniture were removed; nothing was allowed to remain. A half-reclining operating table was made, and in this position the operation was performed.

The greatest of care was used to have the patient absolutely clean; baths were given; her skin was scrubbed with a new brush; the vagina thoroughly irrigated; a liquid diet was given for several days previous to the operation, a cup of beef tea being the only nourishment taken on the morning of the operation; the bowels were kept open freely with salines; strict personal cleanliness was enjoined on the physicians and attendants; the table was covered with clean blankets, which in turn were covered with fresh sheets. The patient was anæsthetized and placed on the table; her circulation was so poor from the imperfect heart's action that she was cyanotic, a delay being occasioned thereby. The anæsthetic was well and carefully given by Dr. Longly. I then began the work, with the efficient assistance of Drs. Cazier, Haller and Seabrook. The abdomen was washed with soap, warm water, and lastly with ether. A median incision revealed the tumor, which was not adherent, and having been shown to be solid the abdominal incision was enlarged to within three inches of the sternum before the tumor could be delivered. It was then seen to be apparently a uterine sarcoma having no pedicle, but being as large at its neck as at its fundus. The ovaries and tubes were found imbedded in a mass of veins, which were fully as large as my finger.

Owing to the great vascularity of the tumor, and its want of a pedicle, it seemed that the operation would need to be abandoned. An extra-long handled needle was needed to pierce the side of the tumor. It carried in its return the heaviest braided silk ligature, doubled; the same thing being done on the opposite side. The twisted cable was thrown about the tumor and tightened with the serre-nœud, contracting the tumor at that point, being careful to exclude the bladder. The ligatures were tightened, and the tumor amputated. The peritoneal cavity was thoroughly irrigated with clean, boiled water, which had been provided in abundance. A Keith's drainage tube was passed into the *cul de sac;* the stump treated extra-peritoneally, the *noeud* being left *in situ.* The abdomen was then closed; an antiseptic dressing was applied, and retained in place by a flannel binder, and the patient put into a warm bed surrounded by bottles of hot water.

She recovered promptly from the shock; the drainage tube was exhausted each half hour, and in four hours one pint of urine was taken with the catheter. The patient was bright, and gave every assurance of a recovery. In another half hour the tube yielded only one drachm of fluid; the pulse was good, and I was startled in a few minutes to be told that the patient was sinking. On turning back the covers, the nurse found the bed filled with blood. The *wound* was tightened and the hemorrhage ceased, but the quantity lost was so great that the patient was exsanguinated, and never recovered, but died on the second day.

After the occurrence of the hemorrhage, urine was obtained only in spoonful quantities.

I report to-day, Mr. President, the unsuccessful case, believing that as much can be learned from the recital of such a case as from that of our most brilliant successes.

DISCUSSION.

Dr. Taylor—Dr. McClintock appears to be dissatisfied with the method of ligating the pedicle, as now practiced. If the pedicle is small, is the usual method of ligating not all that could be desired?

Dr. Haigh—Is there not a possibility of ligating each vessel?

Dr. Taylor—The percentage of mortality has not been greatly decreased during the past few years over that of twenty years ago.

Dr. Paddock—Drs. Tait and Price select their cases, and hence the favorable mortality. It would be preferable if the brethren would say, "it is my opinion," instead of saying "these are facts." The so-called facts in med-

icine are, in the main, empiricism. Empiricism sometimes proves true, and again it does not, and hence we cannot say it is a fact at all times.

Dr. M. B. Ward was requested by the president to open the discussion on Dr. McClintock's report.

The doctor reviewed in detail the various steps in the preparations necessary prior to *any* operation for abdominal section, and explained the methods which have given the most perfect results.

The president, Dr. Haigh, asked Dr. Ward "why it was that every surgical case did not die previous to antiseptic methods?" "Why does Shrady do the stumps up in their own blood after amputations?"

Continuing, he said, "The large wound does not cause shock, but it is the cooling of the abdominal cavity." "Iodoform used to be dusted into the abdominal cavity; why is it now discontinued?" "Antiseptics have killed more than it has saved." "Better have done without them." "The statistics of successful operations in the country is equal to that of the cities, even though the country surgery is done without so much fuss about antiseptics."

He quoted Dr. Engleman as authority for the statement, that it is "not important to guard against long incisions, but to make them long enough to give plenty of room to work without any danger to the abdominal parietes."

Dr. Ward in reply said—The surgery of pre-antisepsis was terribly fatal, and unsatisfactory. If Shrady or any one else used blood as a surgical dressing without first having the surroundings perfectly aseptic, may have good results, but would have to know it before believing.

Long wounds do cause shock. The fact that a long incision is made makes the danger of cooling of the abdominal organs greater; and it is also true, that every inch of incision made in the abdominal walls increases the amount of shock.

The peritoneum should not be bruised or lacerated, if possible to avoid it.

It is true that iodoform may be used too freely, but the greatest danger from antiseptics results from the use of strong solutions in the peritoneal cavity. The use of carbolic acid and mercury solutions in the peritoneal cavity is the most unsurgical procedure I know of. Nothing but the *purest water should be used for irrigation.*

It is not true that the results of surgery in country practice, in the hands of unskilled men, and without the fuss and parade of asepsis, is better than in the city with the best of surgeons, and with antisepsis in the most approved form. There is, however, one point to remember, namely, that there is a great difference in the environment between the country and crowded cities. For instance—Kansas has a population of about 1,650,000, scattered over 81,000 miles of territory, while some of our large cities, where most of the surgery is done have as many people, huddled together within a space smaller than one of our counties. This fact accounts for the great difference between the surgery of our prairies and that of large cities, all other things being equal.

Dr. Paddock made a lengthy verbal report on some of the numerous diseases of the eye. We are not a shorthand reporter, and cannot do him justice. He divided conjunctivitis into six classes, viz., aquæous, catarrhal, purulent, phlyctenular, diphtheritic, granular or trachomatous. The sequelæ mentioned were ulceration of the cornea, keratitis, pannus, ec. and entropion, trich. and distichiasis.

In the aquæous form the pain is slight, lachrymation free, slight redness of the conjunctiva, &c. Treatment—Mild astringents.

The catarrhal is an aggravated form of the aquæous, and in addition there is a mucus discharge, velvety appearance of the conjunctiva, a rough scratching sensation due to the swollen veins, photophobia, and the eyelids stick together in the morning. Treatment—Astringents, zinc 4 or 5 grains to the ounce of water, or 2 to 3 grains of nitrate of silver, bathing the eyes frequently with *hot* water. Constitutional treatment—A brisk saline purge and nourishing diet.

The purulent forms are rare. They are aggravated cases of catarrhal conjunctivitis. Treatment—The eyes must be kept free from pus; nitrate of silver, 4 to 5 grains to the ounce of water brushed over the eyelids, and neutral-

ized by a solution of chloride of sodium; atropine is indicated, 2 grains to 1 ounce of water, and 1 or 2 drops put in the affected eye three times a day to prevent synechia. It is also an anodyne to the terminal nerve filaments, relieving pain and photophobia. Bathe with hot water.

Phlyctenular conjunctivitis is marked by some photophopia, pain, and the appearance of blebs or blisters in the conjunctiva; there is lachrymation; the patients are either poorly nourished, have improper hygienic surroundings, or are in ill health. Treatment—Dust with C. P. calomel, or apply a quantity of the yellow oxide of mercury, the size of a small grain of wheat once a day, or every other day as the improvement indicates. Bathe the eyes with hot water five minutes at a time, three or four times a day. The patient should be given tonics and nourishing diet.

The diphtheritic form is rarely seen in this country, and requires the same constitutional treatment as diphtheria.

The granular form requires astringents, cu. argent., the mitigated stick, &c., applied to the granular surface once every day, or every second day. The caustic should not come in contact with the cornea, and the excess should be washed off. If there is photophobia, dark glasses should be worn. The patient should take outdoor exercise, have a nourishing diet, and his person and surroundings should be kept clean. He should have his own bowl and towel, to prevent communicating the disease to others.

Dr. Cullimore—I like the aquæous classification. The sulpho-carbolate of zinc, from 10 to 60 grains to the ounce of water is a valuable agent. There is another kind of conjunctivitis, the papular. Many times these papilla are so large that they have to be sheared off. One-half drachm of tannin mixed in one-half ounce of glycerine, is a valuable agent in these cases after the enlargement has been relieved. The trachoma follicles are not affected by astringents. They should be expressed, or milked out.

Dr. Minney favored the use of hot water as a rule. The indications should be met, and the temperature of the water should be governed by the relief given the patient. Hot water, as a rule, is preferable. In the purulent forms, especially when specific, the eye must be kept clean if it has to be washed every ten minutes.

Dues received by the secretary (Dr. Scott), from Dr. A. Robinson, one dollar.

H. L. Robinson, of the firm of Swift & Holliday, of Topeka, had an elegant display of surgical instruments.

Programme for the next meeting:

"The Best Method of Conducting Non-operative Midwifery,"—Joseph Haigh, M. D., of Grenola.

"Progress in Medicine and Surgery during the Past Year"—Dr. England of Valley Falls.

"How to Treat Diphtheria"—Dr. Taylor of Circleville.

"Tympathetic Opthalmia,"—J. E. Minney, M. D., Topeka.

"Nasal Disease"—Dr. Paddock of Netawaka.

"How Shall we Treat the Diarrhœa of Teething Children?"—Dr. Love of Whiting.

"Is Specific Treatment a Humbug?"—Dr. Riggs of Muscotah.

"Report of a Case of Abscess of Frontal Sinus"—Grant Cullimore of Atchison.

Adjourned to meet in Atchison the first Tuesday in June, 1890.

J. E. MINNEY,
Acting Secretary.

Topeka Academy of Medicine and Surgery.

At the last meeting of the Topeka Academy of Medicine and Surgery, held at Topeka on the evening of March 4, while awaiting the members with papers, Dr. E. C. Chapman reported, orally, a case of spinal injury occurring in his practice. On the evening of December 22, 1889, a young man was brought to the A., T. & S. F. dispensary and on examination was found to have suffered a dislocation of the seventh dorsal vertebra and also a fracture of the same, as near as could be ascertained. There was complete paraplegia with paralysis of the sphincters, and after several weeks, bed sores. No effort was made at reduction and it was not deemed safe on account of the fracture. He was placed on a water bed. The additional treatment consisted in giving only palliative and sustaining remedies. Patient lived two months.

Dr. L. H. Munn also reported a similar injury to the eleventh and twelfth dorsal vertebra in a patient under his care. The symptoms were the same as above. In this case strong extension was made, but without any result as regarded improvement. This patient lived four months. A post mortem showed the eleventh dorsal vertebra to have been fractured in three places, and there was a callous showing the twelfth also to have been fractured.

After an informal discussion of these cases, Dr. H. L. Alkire read a paper on "Stricture of the Œsophagus." He made the usual division of the subject into spasmodic and organic strictures; gave the cause of each and the treatment.

He then reported in detail a case of organic stricture in his practice, the remote cause of which was the swallowing by the patient, when a child, of concentrated lye. After a period of twelve years, during which time he enjoyed comparative immunity from any constriction in the œsophagus, except at distant intervals, a sudden inflammation from *catching cold*, so reported, developed into an organic stricture which made it difficult for the patient to swallow, and proved to be stubborn in treatment, but which yielded after dilatation with œsophageal bougies, and an improvised bougie, (a bougie with the bulb an inch and a half from the distal extremity) in ten weeks.

Dr. Lindsay reported a case of a seeming organic stricture of the œsophagus in a woman at the menopause, relieved with bromo-caffeine. Evidently spasmodic.

Dr. S. G. Stewart reported three cases of organic stricture caused by swallowing lye. One of which at the beginning of treatment would allow but a No. 14 bougie to pass but after gradual dilatation improved the condition so that finally a large stomach tube could be passed. Another case where there was suffocation from inflammation in the œsophagus caused by swallowing lye was relieved by putting in O., Dwyer's tube, but the patient afterwards died from the effects of the lye in the stomach.

Dr. Pelton reported a case of very tight stricture. The patient had to be fed per rectum, and at one time in the case he had advised gastrotomy as a means of relief. The patient objected, and then by the advice of Dr. Peck he began using filiform bougies and after repeated attempts he succeeded in passing one; larger ones were used successively, until a fair sized one was passed, when he had to desist on account of the thinness of the œsophageal walls. The patient is still alive and in a fair condition, but swallows liquid food mostly.

Dr. Alexander reported a case of seeming spasmodic stricture following an injury to the head, a fracture 1½ inches posterior and superior to the ear. After passing a bougie the spasm is relieved, but as the apparently spasmodic stricture followed an injury, he thought there must be some organic lesion.

Dr. Mitchell agreed with Dr. Alkire that the shape of the œsophageal bougies should be changed so that the bulb would slope either way from the center, and liked the use of cocaine in their introduction.

Dr. McGuire spoke of a case that came under his observation, in which the patient could not swallow liquids without regurgitation, unless he first swallowed a crumb of bread. Various experiments were resorted to, sufficient to satisfy those who examined him that such was the true status of affairs. Dr. McVey remarked that the solid food relaxed the spasm.

Dr. Rogers related a case of stricture following the swallowing of lye, that acted similar to the case reported by Dr. McGuire. Sometimes the patient could swallow liquids and not solids, and at other times he could swallow solids and not liquids. This patient was not of a strong mind, and the condition of his mental faculties was thought to have something to do with the variable actions. He thought we should consider the motive power that controlled the nerves, rather than the action of the special nerves distributed to a particular place.

A lively discussion was engaged in, in regard to the propriety of calling operations or diseases after men, as Tait's operation or Bright's disease, but no definite conclusion was arrived at.

Present, Drs. L. H. Munn, R. E. McVey, W. E. McVey, W. S. Lindsay, R. Alexander

C. A. McGuire, M. R. Mitchell, E. C. Chapman, H. T. McLaughlin, H. L. Alkire, C. C. Green, J. P. Lewis, T. W. Peers, S. G. Stewart, Dr. Pelton.

Dr. G. A. Wall will read a paper at the next meeting, April 1, on "Stevens' Operation."

DR. D. F. RODGERS, Secretary.

LEBO, KAN., March 10, 1890.

EDITORS KANSAS MEDICAL JOURNAL:

Dear Sirs—I care not who wrote the article on the castration of criminals, in your March number. I endorse it, and say in addition, his plan will do more for the moral purity of the country than all the homilies and laws that have emanated from churches and legislative assemblies for the last thousand years. What cares the born criminal for your beautiful moral precepts? About as much as one born deaf cares for the most soul-enrapturing melodies. Whose fault is this? Not his, for "he is built that way;" and if the millennium is ever to come, we must stop building men thus.

Let the knife be substituted for the gallows, and for long terms in the pen—let castration and laparotomy become the penalty for crime, and in three generations you will have wiped out crime. Call me an enthusiast if you wish, I esteem it no reproach when conscious of being right.

You know—all know—that the mental faculties are an inheritance from ancestry as much as are the physical, and the vilest of the race are and have been for generations among the most prolific. Is it strange, then, that prisons are full, and that the land is overrun with tramps ready to sandbag you, or cut your throat for a dollar, or outrage your wife or daughter the first good opportunity?

A few years ago the *Scientific American* gave an account of an abandoned girl who started in New Jersey and passed through New York city on up into Massachusetts. At the time of writing, her descendants numbered over fifty, every one of whom were incorrigible, a number having been hung. They had cost the State over one hundred and fifty thousand dollars, and had spent in all about one hundred and sixty years in prisons. What hope have you of making useful citizens of the progeny of such unfortunates? They contaminate all they are brought in contact with, and their influence spreads like a contagion.

Yes, the knife I say! I say the knife!
You need not take the wretched life;
You need to shed but little blood,
But stop the increase of the brood.
This course need not be practiced long
Until a race full grown and strong
In mind and body will appear,
With more of brain and less of ear.
I've heard strong men, and young, declare,
"How time is spent we do not care;
We will not work for what you're giving,
Because the world owes us a living."
Poor worthless fool! It is a lie!
The world owes you? For what, and why?
What have you done? Come, show your hand.
Foot up the books. See how you stand.
I see you're charged with thirty years,
And all that time, as it appears,
You've scarcely worked one day in seven,
And yet expect to go to heaven.
Such impudence has no excuse;
And when the knife comes into use,
You vagabonds will disappear,
And honest men have less to fear.

OBSERVER.

TWO NEW LOCAL ANÆSTHETICS—ONABAINE AND STROPHANTINE.—Chemical composition C_{30} H_{46} O_{12} for onabaine and C_{31} H_{48} O_{12} for strophantine, thus differing only by CH_2 which would suggest the inference that they were adjacent members in one of the lines of derivatives of the C_n H_{2n} x_2 series, a local anæsthetic about 12 times as strong as cocaine and the anæsthesia which they induce is much stronger.—*Brooklyn Medical Journal.*

WHY IT COMES HIGH.—Patient (who had just had his eye operated upon)—Doctor, it seems to me $50 is a high price to charge for that job. It didn't take you ten seconds.

Eminent Oculist—My dear friend, in learning to perform this operation in ten seconds I have spoiled more than two bushels of such eyes as yours.—*Chicago Tribune.*

A DEATH from chloroform is reported by Dr. Tiffany, October 12, 1889, in Kansas City, in an operation for entropion and distichiasis. Post mortem showed slight atheroma of the blood-vessels, but no other pathological symptoms.

Acetanilid and Antifebrin.

The *Journal* has several times called the attention of its readers to the fact that antifebrin and acetanilid are identical chemical products. Then why should physicians continue, as some of them do, to prescribe the "proprietary" antifebrin, which costs at wholesale twenty-five cents per ounce, while the non-proprietary acetanilid costs but seventy-five cents per pound, or not quite five cents per ounce. The January number of *Notes on new Remedies*, published by Lehn & Fink of New York, points out the fact that the German government does not protect the manufacturer of "antifebrin," and that his product is sold in that country at about thirty-five cents per ounce, which would make the price here—freight and duty added—fifty cents per ounce. The moral of this is that American physicians should always prescribe the non-proprietary acetanilid.—*Indiana Medical Journal.*

THE use of antipyretics in fevers after long and careful observation in hospital practice is gradually being abandoned. Hight temperature is not as dangerous as are the medicinal antipyretics. The free use of water in the form of baths, hot or cold, as may be indicated; sponging the body with warm or cold water, meets the indications, and when intelligently applied is free from the depressing and dangerous effects of antipyretic medicines. Fever patients should as a rule be allowed pure water in abundance and should be encouraged to drink freely.

COD LIVER OIL FOR CHILDREN.—Dr. W. F. Waugh, in the *Dietetic Gazette* gives the following mode for the administration of cod liver oil to children: "I have made it a rule to prescribe cod liver oil to children, mixed with an equal quantity of orange syrup, and with each renewal diminished the proportion of the syrup, until it was omitted entirely. I do not now recollect ever to have known a child to refuse this mixture, while they rarely fail to acquire a taste for the oil itself.—*Buffalo Medical and Surgical Journal.*

ARTIFICIAL DRUM HEADS.—Physicians are frequently asked by patients if an artificial drum head would be of any benefit. The rule is if there is an absence of a part or the whole of the drum membrane an artificial one may be beneficial. But where the drum membrane is intact a second membrane will muffle the sound and is an injury instead of a benefit. A spill or pellet of cotton is an excellent substitute, and many times preferable to the patent membrane so extensively advertised. When there is a discharge from the ear an artificial membrane is irritating and keeps up the discharge and should not as a rule be used.

TEST FOR BILE IN URINE.—Chloroform, as a test for bile in the urine is ready, delicate and certain. All that is necessary is to agitate a few drops of it in a test tube, along with the suspected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present; the test fluid remains limpid.—*N. Y. Med. Times.*

REPORTS of opium poisoning are coming in from the use of "Piso's consumption cure." It will soon rival "Mrs. Winslow's soothing syrup," in its death rate per month, two cases being reported for the month of February in Nebraska. These nostrums are very successful recruiting agents to the army of opium fiends.

TO RELIEVE ACUTE CYSTITIS.—Woodbury says, that ten grains of the bi-carbonate of soda in a half ounce of in an infusion of uva ursi, every two hours, will relieve acute inflammation of the bladder immediately.—*Lancet and Clinic.*

DR. W. D. HAMAKER, Meadville, Pa., reports three cases in which antipyrin in ten grain doses produced cyanosis, collapse and excessive sweating. The patients were all adults.—*Therapeutic Gazette.*

THE next International Medical Congress will be held in Berlin, August 4 to 9, 1890.

EVERY advertisement in the JOURNAL should be read carefully.

Slow Pulse.

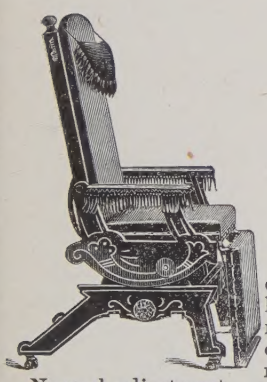
J. F, M., a married man 71 years old, was a stout, able-bodied carpenter when he entered the cavalry service of the army in 1861. His pulse previous to that time was from 65 to 70 beats a minute. None of his family ever had rheumatism. His father died at the age of 87, while his mother died when 45 or 50. His only brother was 73 when he died. In the spring of 1864 Mr. M. had an attack of inflammatory rheumatism which confined him to the bed two or three months, and a second attack in December of the same year lasting about the same time. Since then his heart has not been perfectly sound. In 1881 he fell on the street in Chicago, was taken up for dead and carried to a doctor's office where he revived and was sent to the hospital. He was there told that he had heart disease, and his pulse at that time was said to be very slow. At present his limbs are somewhat atrophied from lack of use and old age, pain in the joints making him keep rather quiet. If he attempts to walk he staggers and frequently falls, sometimes in an unconscious condition. There is but a moderate degree of hypertrophy although a systolic murmur, loudest in the third intercostal space and one inch to the left of the sternum, transmitted equally up and down indicates the existence of aortic stenosis or obstruction. The pulse at present is thirty-five, and in the last few months has varied from this down to twenty-four beats to the minute. The rate of thirty-five has not been exceeded for some years.

Napoleon was famous for the slow rate of his pulse as well as for his military genius, and Mr. M. was dubbed "Napoleon" by the physician who attended him in Chicago. Of course this rate is the mark of a pathological condition in this case but there are few cases on record, pathological or physiological, where as slow a beat has continued for any length of time.

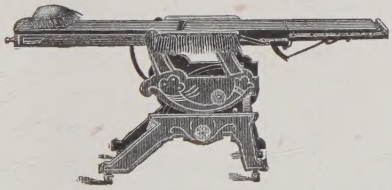
W. D. BIDWELL, M. D.

AN antiseptic ointment, certain in power and not unpleasant in odor, is often desired, not only by the obstetrician but also by the gynæcologist. Dr. W. Parvin says that benzoated lard to which 4 per cent. of creolin is added, will meet these indications satisfactorily.—*Texas Courier-Record.*

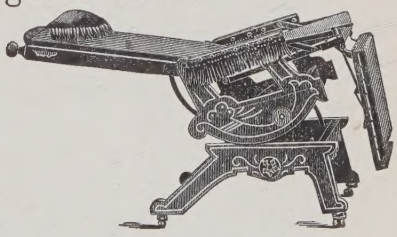
The Perfection Physicians' and Surgeon's Chair.



Normal adjustment.



Horizontal Position.

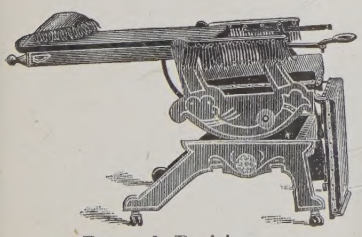


Elevating the Hips.

The only Chair that embodies every position given by all other chairs, and many others that they are not capable of. In normal position, the PERFECTION is like any handsome parlor rocker. It is so balanced that the patient properly seated therein can recline at any angle without assistance, the operator being only required to secure the chair at the proper angle. To secure all ordinary positions, only two things are to be remembered: *First*—That all angles of the seat are governed by the FRONT RATCHET. *Second*—That all angles of the back are governed by the BACK RATCHET.

The patient is brought into position without being lifted forward or moved in any manner. The stirrups are always ready for use, and adjustable to different lengths and widths. The act of lowering the back also elevates the seat from 23 inches, (which is the actual height when not in use), to 29 inches, the required height for operating.

The chair is made of either Walnut, Cherry or Antique Oak, finished in oil or varnished, upholstered in Leather or Extra Mohair Plush and handsomely decorated.



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A Daggett Table,

(See page ix,)

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